

Proposed FY 2021 State of Louisiana Annual Action Plan

Executive Summary

AP-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

As set forth in 24 CFR Part 91, the U.S. Department of Housing and Urban Development (HUD) requires state agencies which administer certain HUD programs to incorporate their planning and application requirements into one master plan called the Consolidated Plan. In Louisiana, the three state agencies participating in this consolidated planning process and the HUD-funded programs administered by each agency include the Division of Administration/Office of Community Development (Community Development Block Grant), the Louisiana Housing Corporation (HOME Investment Partnerships Program, National Housing Trust Fund and Emergency Solutions Grants Program), and the Louisiana Department of Health, Office of Public Health, STD/HIV Program (Housing Opportunities for Persons With AIDS [HOPWA] Program).

FY 2021 is the second year associated with the 5-year FY 2020 - 2024 Consolidated Plan for the use of U. S. Department of Housing and Development (HUD) entitlement grant funds allocated to the State. The Consolidated Plan is designed to help states and local jurisdictions to assess their affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for identifying housing and community development priorities that focus funding from five (5) formula block grant programs including: Community Development Block Grant (CDBG) Program, HOME Investment Partnerships (HOME) Program, National Housing Trust Fund (NHTF), Emergency Solutions Grants (ESG) Program, and the Housing Opportunities for Persons With AIDS (HOPWA) Program. The Consolidated Plan is carried out through Annual Action Plans, which provide a summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan. The State Consolidated Plan includes 5 main parts:

- The Executive Summary
- A Needs Assessment: A Housing, Homeless, and Non-Housing Community needs assessment;
- A Market Analysis: An analysis of housing market conditions;
- A Strategic Plan: Identifies general priorities for the allocation of resources;
- Action Plan: Specific activities planned to be undertaken during the program year to address the community and housing development needs identified.

The first year of the Consolidated Plan was affected by COVID-19, diverting much time, attention and resources to the prepare for, respond to and recover from the devastating toll of the virus. At the time of publication for the FY 2021 Annual Action Plan, the State of Louisiana has been focusing on vaccination efforts and economic recovery. The State is assessing the most effective use of additional funding it has received from Congress.

2. Summarize the objectives and outcomes identified in the Plan

This could be a restatement of items or a table listed elsewhere in the plan or a reference to another location. It may also contain any essential items from the housing and homeless needs assessment, the housing market analysis or the strategic plan.

There were 14 Priority Needs identified in the 2020-2024 Strategic Plan. All but two were given a “High” priority including:

1. Affordable Housing Development *-High*
2. Homebuyer Assistance *-High*
3. Homeowner Housing Rehabilitation *-High*
4. Rental Assistance *-High*
5. Homeless Prevention and Rapid Re-housing *-High*
6. Homeless Shelters *-High*
7. Homeless Street Outreach *-High*
8. CHDO Capacity Building *-Low*
9. Homeless Data Collection *-Low*
10. Public Facilities and Infrastructure Projects *-High*
11. Planning *-High*
12. Demonstrated Needs –Unforeseen Infrastructure Needs *-High*
13. LaSTEP –The Small Towns Environmental Program (STEP) *-High*
14. Economic Development *-High*

As the CPS-Market Analysis showed, conditions in the housing market continue to decline especially for the lowest income households. The need for elderly and special need housing is also increasing as their population rises while the housing market attempts to keep up.

3. Evaluation of past performance

This is an evaluation of past performance that helped lead the grantee to choose its goals or projects.

HOME: The State affordable housing goals and funding priorities were based on housing needs that are supported by Census data and current market condition data. The State continues monitoring the progress of projects that have been funded but not closed and those underway but delayed due to various plausible reasons. The "CR -20 Affordable Housing 91.520 (b) section of the FY 2020 Consolidated Annual Performance and Evaluation Report (CAPER) provides a complete summary of the goals and accomplishments. The referenced section may be viewed at: <https://www.doa.la.gov/ocd/About%20LCDBG/Submitted%202017%20CAPER.pdf>.

HOPWA: The overall housing goal of the State Formula HOPWA Program is to increase the availability and accessibility of appropriate and affordable housing options for persons who are HIV-infected in order to prevent homelessness. This goal is achieved through a mix of community based initiatives in the largely rural areas outside of the New Orleans and Baton Rouge metropolitan areas. A total of 746 persons living with HIV and 248 family members (overall total = 1001) persons were assisted with HOPWA funding during the 2019 reporting period. As in previous years, the majority of program households (n=403) sought assistance for Short Term Rent, Mortgage and/or Utility assistance (STRMU). There were 205 households that accessed Tenant Based Rental Assistance (TBRA), 22 persons placed in transitional/short term units, 37 in permanent housing facilities and 230 received Permanent Housing Placement Services (PHPS).

National Housing Trust Fund: The State coordinated the leveraging of nearly 80% of NHTF program funds in conjunction with other resources (private lending, HOME, MRB and LIHTC) exclusively for rental housing development.

CDBG - Program regulations require that no less than seventy percent of the aggregate of the fund expenditures shall be for activities that meet the national objective of benefiting low and moderate income persons. The State exceeded this percentage as 100% of the non-administrative funds awarded were used for activities that benefited low and moderate income persons. Overall, the FY 2019 LCDBG monies awarded as of March 31, 2020, benefited 35,040 persons of which 22,284 or 63.60% were of low and moderate income. HUD requests that states annually request funds on their letters of credit in an amount at least equal to its annual grant, and to eventually reach a ratio of the unexpended grant balance (just prior to the receipt of the next grant award) to the most recent annual grant amount of not more than 2.5 and to try to achieve 2.0 or less. The State's ratio of unexpended funds to its grant amount was 2.05 as of January 31, 2020. The Office of Community Development met and will continue to strive to maintain the expenditure goals established by HUD. It is required that each state obligate and award 95% of the non-administrative annual allocation within twelve months of the grant award. Within the twelve-month period, the State had obligated and announced 109.80% of its non-administrative funds. The percentage exceeded 100 percent due to the award program income and returned funds.

4. Summary of Citizen Participation Process and consultation process

Summary from citizen participation section of plan.

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The State held two public hearings for the purpose of receiving comments on housing and community development needs throughout the State in preparation of the FY 2021 Action Plan. One of these hearings was held in person on October 20, 2020, at the Claiborne Building in Baton Rouge, Louisiana. Due to the COVID-19 pandemic, a second public hearing was held via Zoom on October 21, 2020. A notice of the hearing was published in the October 5, 2020, issue of The Advocate. Invitations were sent to all interested parties via mail or email. No comments were received. Following the public hearings, the proposed FY 2021 Annual Action Plan was drafted.

CDBG - The Office of Community Development surveyed all potential applicants for LCDBG throughout the State. The survey gathered information regarding community and parish priorities and perceived needs. The anticipated outcomes of the survey are: a) prioritization of LCDBG basic eligible activities, b) prioritization of public facilities (infrastructure) projects, c) prioritization of fund distribution by program category, d) maximum grant amounts needed by type of project, e) amount to be allowed for local administrative costs, and f) suggestions for improving the LCDBG program. Also, a public hearing was held and followed by a comment period to receive additional input.

5. Summary of public comments

This could be a brief narrative summary or reference an attached document from the Citizen Participation section of the Con Plan.

In addition to the efforts to obtain public comments, a statewide needs assessment survey was administered to low income persons living with HIV during the summer of 2019 to document the needs (met and unmet) of this population in order to assist with planning for both State Formula HOPWA- and Ryan White-funded services to be available in 2020 and 2021. A copy of this final report is attached for review.

No comments were received for CDBG, HOME, HTF, HOPWA or ESG.

6. Summary of comments or views not accepted and the reasons for not accepting them

There were no comments specific to State Formula CDBG, HOME, HTF, HOPWA or ESG.

7. Summary

Based on the State's past performance, experience of staff, citizen participation and consultation input from all interested parties, the State of Louisiana has drafted the proposed FY 2021 Annual Action Plan.

PR-05 Lead & Responsible Agencies - 91.300(b)

1. Agency/entity responsible for preparing/administering the Consolidated Plan

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	LOUISIANA	
CDBG Administrator	LOUISIANA	DOA, Office of Community Development
HOPWA Administrator		LDH, OPH, STD/HIV/Hepatitis Program
HOME Administrator	LOUISIANA	Louisiana Housing Corporation
ESG Administrator	LOUISIANA	Louisiana Housing Corporation
HOPWA-C Administrator		
	LOUISIANA	Louisiana Housing Corporation

Table 1 – Responsible Agencies

Narrative

The three state agencies participating in the consolidated planning process and the HUD-funded programs administered by each include the Division of Administration/Office of Community Development (CDBG), the Louisiana Housing Corporation (HOME Investment Partnerships, National Housing Trust Fund and Emergency Solutions Grant Programs), and the Louisiana Department of Health (LDH)/Office of Public Health (OPH) STD/HIV Program (SHP) Housing Opportunities for Persons With AIDS (HOPWA) program. The lead agency for the Consolidated Planning Process and the Consolidated Plan is the State of Louisiana's Division of Administration/Office of Community Development. The primary objective of the Louisiana Community Development Block Grant (LCDBG) Program is to provide assistance to units of general local government in non-entitlement areas for the development of viable communities by providing a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income. The HOME Program objectives are: to expand the supply of decent and affordable housing for low and very low income persons, to stabilize the existing deteriorating homeowner occupied and rental housing stock through rehabilitation, to provide financial and technical assistance to recipients/sub-recipients (including the development of model programs for affordable low income housing), to extend and strengthen partnerships among all levels of government and the private sector (including for-

profit and nonprofit organizations) in the production and operation of affordable housing). The intent of the National Housing Trust Fund is to increase and preserve the supply of decent, safe, sanitary, and affordable housing, primarily rental housing, for extremely low income and very low-income households. The purpose of the Emergency Solutions Grants (ESG) Program is to help local governments and community organizations to improve and expand shelter facilities serving homeless individuals and families, to meet the costs of operating homeless shelters, to provide essential services, and to perform homeless prevention and rapid re-housing activities. The purpose of the Housing Opportunities for Persons with AIDS (HOPWA) Program is to provide localities with the resources and incentives to devise and implement long term comprehensive strategies to provide housing assistance and related supportive services for low income people living with HIV/AIDS and their families. Unstable housing and homelessness decrease the ability of persons living with HIV to achieve or maintain viral suppression, and leads to suboptimal health outcomes for the client as well as increased opportunities for HIV transmission to potential partners.

Consolidated Plan Public Contact Information

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AP-10 Consultation - 91.110, 91.300(b); 91.315(l)

1. Introduction

CDBG - The Office of Community Development surveyed all potential applicants for LCDBG throughout the State for FY 2020-2021. The survey gathered information regarding community and parish priorities and perceived needs. The anticipated outcomes of the survey are: a) prioritization of LCDBG basic eligible activities, b) prioritization of public facilities (infrastructure) projects, c) prioritization of fund distribution by program category, d) maximum grant amounts needed by type of project, e) amount to be allowed for local administrative costs, and f) suggestions for improving the LCDBG program. Also, a public hearing was held, followed by a comment period to receive additional input. OCD has also been in consultation with the Louisiana Department of Health, Office of Behavioral Health trying to identify the communities in which Support Act funds could be used to meet the greatest need.

State Formula HOPWA - The Office of Public Health within the Louisiana Department of Health (LDH) partners with community-based organizations and clinical providers that offer medical care and supportive services to persons living with, or at risk of acquiring HIV disease. These groups assist in the development of the Statewide Coordinated Statement of Need (SCSN) and the Louisiana HIV Strategy for Integrated Prevention and Care, which allows input regarding the allocation of all resources of funding. Additionally, the State conducts a Needs Assessment survey of people living with HIV every two years to assess their met and unmet needs related to housing, medical care, and supportive services.

Provide a concise summary of the state's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies

State Formula HOPWA - The Office of Public Health STD/HIV/Hepatitis Program does not work with units of local government. Instead, project sponsors demonstrating an ability to address the housing needs of low income persons living with HIV are selected during a competitive Request for Proposals (RFP) process. The successful proposers (i.e., project sponsors) are contractually required to develop both formal and informal collaborations with other housing providers in their jurisdiction, as well as private and government-funded community partners that provide medical, housing, mental health and supportive services to address the clients' needs and assist the eligible program participants to access and be maintained in HIV-related medical care.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

Describe consultation with the Continuum(s) of Care that serves the State in determining how to allocate ESG funds, develop performance standards for and evaluate outcomes of projects and activities assisted by ESG funds, and develop funding, policies and procedures for the operation and administration of HMIS

2. Agencies, groups, organizations and others who participated in the process and consultations

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	SLAC
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
2	Agency/Group/Organization	ACADIANA CARES
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
3	Agency/Group/Organization	Crescent Care Health
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy

	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
4	Agency/Group/Organization	CLASS
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
5	Agency/Group/Organization	GO CARE
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
6	Agency/Group/Organization	The Philadelphia Center
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health

	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
7	Agency/Group/Organization	Region IX - Bogalusa/Mandeville Volunteers of America IX
	Agency/Group/Organization Type	Services - Housing Services-Persons with HIV/AIDS Services-Health
	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	The agency was involved in data collection for the housing needs assessment for people living with HIV.
8	Agency/Group/Organization	Non-Entitlement Cities, Towns, & Villages
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Economic Development Community Development
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	
9	Agency/Group/Organization	Non-Entitlement Parishes
	Agency/Group/Organization Type	Other government - County

	What section of the Plan was addressed by Consultation?	Economic Development Community Development
	Briefly describe how the Agency/Group/Organization was consulted. What are the anticipated outcomes of the consultation or areas for improved coordination?	

Identify any Agency Types not consulted and provide rationale for not consulting

CDBG - Because entitlements are not eligible for LCDBG funding, they were not contacted. LCDBG focused on the priorities and perceived needs of those local units of government eligible to receive its funding.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care		

Table 3 - Other local / regional / federal planning efforts

Narrative

AP-12 Participation - 91.115, 91.300(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The Consolidated Plan for the FY 2021 Annual Action Plan were developed using an effective citizen participation process which is in compliance with the regulations set forth in 24 CFR Part 91.

The State held two public hearing for the purpose of obtaining views on community development and housing needs throughout the State. The in-person public hearing was held on October 20, 2020 at the Claiborne building in Baton Rouge. One person was in attendance. A second virtual public hearing was held via Zoom where 32 people were in attendance. A notice of the public hearings was published in the October 5, 2020, issue of The Advocate newspaper.

Written invitations to attend the public hearings were also emailed or mailed to local governing bodies, public, private, and nonprofit agencies, and other interested parties the Office of Community Development includes on its list all non-entitlement local governments. Examples of the type of organizations that the Louisiana Housing Corporation made efforts to receive comments from include nonprofit organizations and nonprofit developers such as state-certified community housing development organizations; advocacy groups such as the Advocacy Center (an advocacy organization for people with disabilities in Louisiana); and for-profit developers such as members of the Louisiana Association of Affordable Housing Providers. The mailing list represented a compilation of mailing lists utilized by the three state agencies administering the five programs involved in the consolidated planning process. In addition to accepting comments at the public hearing, written comments could be submitted during the period of October 20, 2020 to November 5, 2020. No comments were received.

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Public Hearing	Non-targeted/broad community	One person attended the meeting that was held in person at the Claiborne Building. 32 people attended the Zoom meeting.	No comments were received pertaining to the Plan.	Not applicable.	
2	Newspaper Ad	Non-targeted/broad community	One person attended the meeting that was held in person at the Claiborne Building. 32 people attended the Zoom meeting.	No comments were received pertaining to the Plan.	Not applicable.	
3	Memorandum	Non-targeted/broad community	One person attended the meeting that was held in person at the Claiborne Building. 32 people attended the Zoom meeting.	No comments were received pertaining to the Plan.	Not applicable.	

Table 4 – Citizen Participation Outreach

Expected Resources

AP-15 Expected Resources – 91.320(c)(1,2)

Introduction

Due to State of Louisiana early program year, HUD allocations have not been released for the CPS 2021 program year at the time of this writing. Consequently, the State has been instructed to use program year 2020 allocations as a basis for allocating resources for program year 2021 and amending this 2021 Action Plan once final PY 2021 are available. Note that actual program income received from the most recent completed program year (2019) is being used as a basis for estimating expected program income to be received during program year 2021.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	23,240,394	30,000	0	23,270,394	0	LCDBG funds are leveraged by the use of other federal funds, state funds and local funds. To encourage leverage through the use of local funds, the LCDBG competitive grant program offers rating points to those local governments providing administration and/or engineering funds.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	10,357,108	1,062,010	0	11,419,118	0	HOME funds may be allocated according to uses of funds and may be combined or leveraged with other sources of funds to make housing more affordable for low-income households. Unexpended funds from completed activities may be allocated to other eligible priorities.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	2,490,593	0	0	2,490,593	0	State Formula HOPWA funds will be allocated in accordance with federal requirements, based on documented needs of low income persons living with HIV, current client service utilization of HOPWA programs, and the goals of the Louisiana HIV Strategy for Integrated Prevention and Care. 3% will be utilized for administrative costs.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	2,530,742	0	0	2,530,742	0	The ESG funding will be allocated statewide in accordance with local, state, and federal guidelines.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HTF	public - federal	Acquisition Admin and Planning Homebuyer assistance Multifamily rental new construction Multifamily rental rehab New construction for ownership	3,609,159	0	0	3,609,159	0	The minimum funding amount of National Housing Trust Fund(NHTF)is \$3,000,000 annually. NTHF funds may be allocated according to uses of funds and may be combined or leveraged with other sources of funds to make housing more affordable for extremely low-income households. Unexpended funds from completed activities may be allocated to other eligible priorities..

Table 5 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

CDBG: While a match is not required for LCDBG, funds available through LCDBG are leveraged with other federal, state and local government funds. The additional funds are primarily used for administration and planning of projects, property acquisition and a portion of project construction costs. CDBG has also been allocated \$854,429 in Support Act funds and is working with LDH to determine the best path forward utilizing these funds.

ESG: The LHC shall require all ESGP funded programs to secure matching funds in an amount at least equal to its ESGP grant amount.

HOME: Funds available through these programs are usually leveraged with the resources from commercial lenders, cooperative, or other private lenders. HOME funds may be combined or leveraged with other sources of funds to make housing more affordable for low-income households. Specifically, the Louisiana Housing Corporation is able to leverage HOME Funds with the Department of Energy Weatherization funds, Mortgage Revenue Bonds, and Low-Income Housing Tax-Credits. Other leverage resources come from the support of private nonprofit organizations through the integration of supportive services with housing development activities. The State will support funding applications by any other entity which will assist in the delivery of housing and housing support services. The Louisiana Housing Corporation will fulfill the HOME Program requirement of a matching contribution relative to its drawn amount of HOME Program funds through the following sources:

- Cash or cash equivalents from a non-federal source;
- Value of waived taxes, fees or charges associated with HOME projects;
- The present value of interest reductions of below-market-rate loans, where a project also receives HOME assistance;
- State general revenue funds that are contributed to housing projects assisted with HOME funds and meet the HOME affordability requirements;
- Value of donated land and real property;
- Cost of infrastructure improvements associated with HOME projects;
- A percentage of the proceeds of single- or multi-family housing bonds issued by state, state instrumentality or local government;
- Value of donated materials, equipment, labor and professional services;
- Sweat equity;
- Direct costs of supportive services to residents of HOME projects;
- Direct cost of homebuyer counseling to families purchasing homes with HOME assistance; and

Any other match contribution as specified in 24 CFR 92.220.

HOPWA: Although a match is not required for State Formula HOPWA funds, federal Ryan White Part B and ADAP Earmark resources will be leveraged to increase the impact of HOPWA activities, as well as local dollars that have been garnered by the project sponsors to increase the depth and breadth of HOPWA services.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

LHC's "Community Connections" conference in April, 2019 brought together housing professionals from all over the state to discuss various issues related to the provision of affordable housing. A popular topic was the blight that remained throughout Louisiana following the "Great Floods" of 2016. Many of these properties were acquired through local tax adjudication processes. LHC is committed to assisting local governments in returning these parcels back to the market as affordable housing.

CDBG: Local government properties may be used for certain infrastructure improvements for items such as utility lines, water wells, booster stations, pump stations, etc.

Discussion

Annual Goals and Objectives

AP-20 Annual Goals and Objectives – 91.320(c)(3)&(e)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Affordable Housing Development	2020	2024	Affordable Housing	HOPWA-State of Louisiana HOME-State of Louisiana National Housing Trust Fund - State of Louisiana	Affordable Housing Development Homeless Prevention and Rapid Rehousing	HOPWA: \$177,451 HOME: \$9,328,886 HTF: \$3,248,243	Rental units constructed: 22 Household Housing Unit Rental units rehabilitated: 17 Household Housing Unit Homeowner Housing Added: 6 Household Housing Unit Homeowner Housing Rehabilitated: 4 Household Housing Unit Tenant-based rental assistance / Rapid Rehousing: 50 Households Assisted
2	Homeowner Housing Rehabilitation	2020	2024	Affordable Housing	HOME-State of Louisiana	Affordable Housing Development Homeowner Housing Rehabilitation	HOME: \$1,000,000	Homeowner Housing Rehabilitated: 20 Household Housing Unit

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Homebuyer Assistance	2020	2024	Affordable Housing	HOME-State of Louisiana	Homebuyer Assistance	HOME: \$1,750,000	Direct Financial Assistance to Homebuyers: 10 Households Assisted
4	Rental Assistance	2020	2024	Affordable Housing Homeless Non-Homeless Special Needs	HOPWA-State of Louisiana HOME-State of Louisiana	Homeless Prevention and Rapid Rehousing Rental Assistance	HOPWA: \$1,811,907 HOME: \$600,000	Tenant-based rental assistance / Rapid Rehousing: 600 Households Assisted Homelessness Prevention: 150 Persons Assisted
5	Homeless Shelters	2020	2024	Homeless	ESG-State of Louisiana	Homeless Prevention and Rapid Rehousing Rental Assistance	ESG: \$692,746	Homeless Person Overnight Shelter: 2500 Persons Assisted
6	Homeless Prevention and Rapid Rehousing	2020	2024	Homeless Non-Homeless Special Needs	ESG-State of Louisiana	Homeless Prevention and Rapid Rehousing Rental Assistance	ESG: \$1,385,495	Tenant-based rental assistance / Rapid Rehousing: 400 Households Assisted Homelessness Prevention: 300 Persons Assisted
7	Street Outreach	2020	2024	Homeless	ESG-State of Louisiana	Homeless Street Outreach Homeless Data Collection	ESG: \$115,457	Other: 200 Other
8	HMIS Reporting	2020	2024	Homeless	ESG-State of Louisiana	Homeless Data Collection	ESG: \$125,000	Other: 2000 Other

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
9	Public Facilities-New Infrastructure	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Public Facilities Infrastructure Projects LaSTEP	CDBG: \$1,988,859	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 6000 Persons Assisted
10	PF - Existing Infrastructure/Service Connections	2020	2024	Non-Homeless Special Needs Non-Housing Community Development	CDBG-State of Louisiana	Public Facilities Infrastructure Projects Demonstrated Needs	CDBG: \$16,394,808	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 50000 Persons Assisted Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 60 Households Assisted
11	ED - Local Government Loan to Business	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Economic Development	CDBG: \$883,937	Businesses assisted: 3 Businesses Assisted
12	ED - New Business	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Economic Development	CDBG: \$1,104,921	Jobs created/retained: 100 Jobs Businesses assisted: 5 Businesses Assisted
13	ED - Existing Business	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Economic Development	CDBG: \$1,104,921	Jobs created/retained: 100 Jobs Businesses assisted: 5 Businesses Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
14	PF - New Service Connections	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Public Facilities Infrastructure Projects LaSTEP	CDBG: \$220,984	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 12 Households Assisted
15	Planning	2020	2024	Non-Housing Community Development	CDBG-State of Louisiana	Planning	CDBG: \$400,000	Other: 10 Other

Table 6 – Goals Summary

Goal Descriptions

1	Goal Name	Affordable Housing Development
	Goal Description	
2	Goal Name	Homeowner Housing Rehabilitation
	Goal Description	
3	Goal Name	Homebuyer Assistance
	Goal Description	

4	Goal Name	Rental Assistance
	Goal Description	
5	Goal Name	Homeless Shelters
	Goal Description	
6	Goal Name	Homeless Prevention and Rapid Rehousing
	Goal Description	
7	Goal Name	Street Outreach
	Goal Description	
8	Goal Name	HMIS Reporting
	Goal Description	ESG funds will be used to recorded client level data for reporting purposes. Additionally the funding may be used for training and equipment to support the data collection work as its related to the homeless population and services.
9	Goal Name	Public Facilities-New Infrastructure
	Goal Description	
10	Goal Name	PF - Existing Infrastructure/Service Connections
	Goal Description	
11	Goal Name	ED - Local Government Loan to Business
	Goal Description	

12	Goal Name	ED - New Business
	Goal Description	
13	Goal Name	ED - Existing Business
	Goal Description	
14	Goal Name	PF - New Service Connections
	Goal Description	
15	Goal Name	Planning
	Goal Description	

AP-25 Allocation Priorities – 91.320(d)

Introduction:

The primary needs of the State which are addressed by these HUD-funded programs are infrastructure and housing. The majority of the CDBG funds address infrastructure needs; however, CDBG funds are also allocated to address other community development needs. The primary focus of the other programs is in the area of housing. The State of Louisiana seeks to improve the lives of its residents by:

- Increasing the number of affordable housing units
- Increasing the number of affordable units for special needs populations
- Decreasing the numbers of individuals and families experiencing homelessness
- Decreasing the number of owner occupied units with housing problems
- Creating competitive and sustainable communities

The State will work to achieve these goals through:

- Leveraging of resources to support effective community programs working toward these goals
- Developing strategic partnerships to address barriers to achieving these goals
- Providing planning, coordination, and management of strategies to meet these goals

CDBG

The LCDBG program has established the following programs: 1) Public Facilities - To improve existing or construct new potable water systems, sewer systems, and streets. This funding is available through a competitive application process which is described in detail in section AP-30. For the 2020 program year, a minimum of \$14 dollars of the total allocation will be used to fund eligible sewer and water applications. Once that threshold is met, the remaining funds will be used to fund the next-highest-scoring eligible applications until no additional funds remain. 2) Demonstrated Needs - To alleviate critical/urgent community needs. This program addresses critical needs of existing water, sewer, or gas systems. A portion of the state's program year funds is allocated to this program, and applications are funded based on availability of funds, degree of urgency of need, and feasibility of solution. 3) Sustainable Water Management Consolidation (SWMC) - To provide local governments with funding to develop viable, fundable water projects consisting of consolidation of non-profit/municipal water systems. 5.) Economic

Development - To assist units of local government in the creation and/or retention of jobs and/or businesses within their jurisdiction.

Funding Allocation Priorities

	Affordable Housing Development (%)	Homeowner Housing Rehabilitation (%)	Homebuyer Assistance (%)	Rental Assistance (%)	Homeless Shelters (%)	Homeless Prevention and Rapid Rehousing (%)	Street Outreach (%)	HMIS Reporting (%)	Public Facilities- New Infrastructure (%)	PF - Existing Infrastructure/Service Connections (%)	ED - Local Government Loan and Business Development (%)
CDBG	0	0	0	0	0	0	0	0	9	74	
HOME	73	8	14	5	0	0	0	0	0	0	
HOPWA	0	0	0	100	0	0	0	0	0	0	
ESG	0	0	0	30	40	20	5	5	0	0	
HTF	100	0	0	0	0	0	0	0	0	0	

Table 7 – Funding Allocation Priorities

Reason for Allocation Priorities

ESGP- The State continues to provide funding to homeless programs statewide. In an effort to reduce homelessness statewide the State's priority is to rapidly re-house homeless individuals and families and to reduce the amount of time an individual or family is homeless. The funding is utilized to support homeless shelters in effort to immediately house individuals and families that are literally homeless.

State Formula HOPWA: In order to promote housing stability and prevent homelessness of low income persons living with HIV, the STD/HIV/Hepatitis Program has allocated all of the program resources to Tenant Based Rental Assistance (TBRA), Short Term Rent/Mortgage/Utility (STRMU) assistance, Transitional/Short Term Facilities/Units, Permanent Housing Placement Services (PHPS) and Resource Identification (RI) in order to place eligible clients in appropriate and affordable rental housing.

In order to determine the non-housing community development needs of the non-entitlement units of general local government, the state conducts a Needs Assessment in the form of a survey every two years. The survey forms are distributed by mail, email, and in-person to local

governments eligible for funding under the CDBG program. The last survey was conducted in August 2018. In the State's August 2018 LCDBG Survey, the respondents were asked to identify the priorities of their jurisdictions regarding the following specific activities: Sewer treatment, sewer collection, potable water, streets/drainage, water for fire protection, natural gas, drainage, parks, bridges, and solid waste. For the SWMC program specifically, OCD's ongoing involvement with the State's Rural Water Infrastructure Committee has indicated a pointed need for the consolidation of water systems in rural communities where local governments often struggle to produce the financial resources and human capital needed to adequately operate and maintain sustainable, stable water systems. Through the survey and conducting listening sessions throughout the state, it has been determined that Public Facilities ranks as a higher priority than Public Services. Due to limited resources and the threat posed to the health, safety, and well-being of the public by inadequate, substandard water and sewer systems, the LCDBG program remains focused on addressing those critical needs. OCD will continue to reassess the priorities and needs of local governments through its biennial LCDBG Survey.

How will the proposed distribution of funds will address the priority needs and specific objectives described in the Consolidated Plan?

State Formula HOPWA: All resources from this award will go toward 1) decreasing the number of individuals living with HIV and their families that experience homelessness, 2) increasing the number of affordable units, and 3) increasing the number of affordable housing units for special needs populations.

State Formula HOPWA funds will continue to support the operational costs of group living facilities that are dedicated to persons living with HIV who are unable to live independently or to live alone—or would simply prefer increased social support and interaction with others. Annual awards will be made to community based organizations for Resource Identification efforts to assist their staff develop or increase rental agreements with landlords and identify newly available housing that is affordable and appropriate for their clients. These community project sponsors will also receive funding for Short Term Rent Utility and Mortgage (STRMU) assistance in order to prevent eviction and/or a lack of essential utilities and Tenant Based Rental Assistance (TBRA) to help maintain housing stability while supporting client choice and independence. Additionally, State Formula HOPWA resources will be dedicated to Permanent Housing Placement Services (PHPS) to assist low income persons living with HIV make deposits for essential utilities and/or first month's/last month's rent in order to increase independent living in units that are appropriate for the clients' needs.

AP-30 Methods of Distribution – 91.320(d)&(k)

Introduction:

The State of Louisiana's FY 2021 CPS Annual Action Plan includes a separate method of distribution description for the HUD programs administered by three state agencies. These methods of distribution are described below.

Distribution Methods

Table 8 - Distribution Methods by State Program

1	State Program Name:	State of Louisiana Community Development Block Grant Program
	Funding Sources:	CDBG
	Describe the state program addressed by the Method of Distribution.	The State of Louisiana's Community Development Block Grant Program is designed to serve all non-entitlement areas throughout the state. The program is administered by the Division of Administration's Office of Community Development. Most of the State's allocation is distributed to small units of local government (Villages, Towns, and Cities) and rural parishes for public infrastructure projects and other community development needs as identified by the State. The distribution for most of the funds is based on a competitive process with some funds being distributed on an as-needed basis for projects of an emergency nature and other funds being distributed for communities that can accomplish a project using self-help methods.

<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	<p>The State of Louisiana's Community Development Block Grant Program is designed to serve all non-entitlement areas throughout the state. The program is administered by the Division of Administration's Office of Community Development. Most of the State's allocation is distributed to small units of local government (Villages, Towns, and Cities) and rural parishes for public infrastructure projects and other community development needs as identified by the State. The distribution for most of the funds is based on a competitive process with some funds being distributed on an as-needed basis for projects of an emergency nature and other funds being distributed for communities that can accomplish a project using self-help methods.</p> <p>Applications are rated on a point scale. Criteria include: 1) Benefit to Low-to-Moderate-Income persons – 1 point; 2) Cost Effectiveness – 10 points; 3) Project Severity – 50 points; 4) Engineering Costs Paid with Non-CDBG Funds – 2 points; 5) Pre-Agreement and Administrative Costs Paid with Non-CDBG Funds – 2 points; 6) Consolidation of Systems – 4 points; 7) Application Completeness (2 points total), as follows: a) All Application Forms and Required Documents/Information Included in the Application – 1 point; b) No Revisions to Application Needed – 1 point.</p>
<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	<p>Potential applicants can access the FY 2020 – 2021 Project Severity Package and Public Facilities Application Package and the FY 2021 Method of Distribution document on the Office of Community Development's website at http://www.louisiana.gov/cdbg/cdbghome.htm. The application package and Method of Distribution document can also be obtained from the office's physical location at 1201 N. 3rd Street, Claiborne Building, Suite 3-150, Baton Rouge, LA, 70802, or a copy can be requested by mail from the Office of Community Development, P.O. Box 94095, Baton Rouge, LA, 70804-9095. Additionally, an email requesting the package may be sent to heather.paul@la.gov.</p>

<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available</p> <p>to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other</p> <p>community-based organizations). (HOPWA only)</p>	

<p>Describe how resources will be allocated among funding categories.</p>	<p>CDBG Funds will be allocated as follows: • Demonstrated Needs – \$1,200,000 will be allocated for projects that are emergency in nature. • LaSTEP – \$500,000 will be allocated to projects that will be accomplished with self-help methods. • Economic Development – \$3,000,000 will be allocated for projects that assist local units of government in the creation and/or retention of jobs and/or businesses within their jurisdictions. • Sustainable Water Management Consolidation (SWMC) - \$400,000 will be allocated to a pilot planning grant program to provide local governments with funding in order to develop viable, fundable water projects consisting of consolidation of non-profit/municipal water systems. • Public Facilities – The remaining available grant funds from the annual allocation will be utilized for public facilities projects.</p>
<p>Describe threshold factors and grant size limits.</p>	<p>Demonstrated Needs – The grant ceiling for critical/urgent infrastructure needs is \$300,000, with a minimum of \$50,000 in construction costs. There is no ceiling for projects for other community needs identified by the State. • Public Infrastructure – The following ceilings and thresholds apply: • Sewer Treatment – \$1,200,000 • Sewer Rehabilitation – \$1,000,000 • New Sewer Systems – \$1,000,000 • Potable Water – \$1,000,000 • Residential Streets – \$800,000 • Multi-Jurisdictional Projects – The lesser of the combined ceiling amount for each local government participating, or \$2,200,000. • Municipalities with a population of more than 12,000 and parishes with an unincorporated population of more than 25,000 – The funding ceiling is \$2,000,000 for water and sewer grants and \$1,600,000 for street grants. • SWMC - The grant ceiling for consolidation planning grants is \$40,000 • Economic Development – The following ceilings and thresholds apply: • New Business -\$639,000 • Existing Business -\$1,039,000</p>

	What are the outcome measures expected as a result of the method of distribution?	CDBG Outcome measures expected include: • Improving existing public infrastructure – To assist local governments in providing suitable living environments by making sewer, water, and street systems sustainable. • New public infrastructure – To assist local governments in creating suitable living environments by making sewer, water, and street systems available. • New service connections – To assist local governments in creating suitable living environments by making the connection to water and sewer systems affordable. • Improving existing service connections – To assist local governments in providing suitable living environments by rehabilitating sewer or water service connections for sustainability. • Sustainable Water Management Consolidation – To assist local governments in planning for the consolidation of water systems to create systems that are sustainable, financially solvent, and stable. • Economic Development – To assist local units of government in the creation and/or retention of jobs and/or businesses within their jurisdictions.
2	State Program Name:	State of Louisiana ESG Program
	Funding Sources:	ESG
	Describe the state program addressed by the Method of Distribution.	The LHC will continue to use the geographic allocation formula in the distribution of the State's ESG Funding, to ensure that each region of the State is allotted a specified minimum of State ESG grant assistance for eligible ESGP projects. The population figures outlined in the 2016 census will be used for the 2019 funding. Based on national and state studies linking homelessness to conditions of poverty, regional ESG allocations are formulated based on factors for poverty (very low income) populations in the parishes of each region according to U.S. Census Bureau data. Within each region, grant distribution shall be conducted through a competitive grant award process previously described.

<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	<p>Proposals accepted for review will be rated on a competitive basis according to information outlined in the grant applications. To be eligible for funding each applicants proposal must score a 75 points or higher on the evaluation. The grant amounts awarded among competing applicants will be based on the criteria as identified:</p> <ul style="list-style-type: none"> • Organizational Capacity • Project Proposal Narrative • Approach • Performance Measurement • Budget Justification
<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	

<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	<p>The LHC will continue to use the geographic allocation formula in the distribution of the State's ESG Funding, to ensure that each region of the State is allotted a specified minimum of State ESG grant assistance for eligible ESGP projects. The population figures for 2010 census will be utilized for the 2018 funding. Based on national and state studies linking homelessness to conditions of poverty, regional ESG allocations are formulated based on factors for poverty (very low income) populations in the parishes of each region according to U.S. Census Bureau data. Within each region, grant distribution shall be conducted through a competitive grant award process previously described. All prospective applicants are encouraged to submit an application.</p>
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	

<p>Describe how resources will be allocated among funding categories.</p>	<p>ESG funds may be used for six program components:</p> <ul style="list-style-type: none"> • Street Outreach • Emergency Shelter • Homelessness Prevention • Rapid Re-housing assistance • Homeless Management Information System (HMIS) • Administrative Activities <p>All applicants are required to allocate at least 40% of their award to homeless prevention or rapid re-housing activities.</p>
<p>Describe threshold factors and grant size limits.</p>	<p>All qualified applications will be ranked based on the scoring criteria identified in the notice of funding availability (NOFA). The highest scoring applicants will receive a funding commitment from the LHC based on project needs, up to the available amount of funding for that fiscal year.</p>

	What are the outcome measures expected as a result of the method of distribution?	<p>The ESG expected outcomes:</p> <ul style="list-style-type: none"> • Decent affordable housing • Create suitable living environments
3	State Program Name:	State of Louisiana HOME Program
	Funding Sources:	HOME HTF
	Describe the state program addressed by the Method of Distribution.	<p>Each year, the U.S. Department of Housing and Urban Development (HUD) allocates HOME program funds to state governments as well as to local participating jurisdictions (PJs). State governments may use their HOME allocations to establish programs and to fund eligible activities throughout the state. The State of Louisiana Home Program is administered by the Louisiana Housing Corporation (LHC). The LHC designs various housing programs and awards funds to local governments (referred to as state recipients), Community Housing Development Organizations (CHDOs) and non-profits (both referred to as sub-recipients), and to for-profit developers on an annual basis through a competitive application process. If awards are made more frequently, a notice will be published. HOME funds are used to provide flexible, below-market-rate loans to projects that create or preserve affordable housing for lower-income households. Eligible activity types include homeownership development, homebuyer assistance, rental development (acquisition and/or rehabilitation and new construction), homeowner rehabilitation, and rental assistance. Funds are distributed statewide.</p>

<p>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</p>	
<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	

<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	

<p>Describe how resources will be allocated among funding categories.</p>	
<p>Describe threshold factors and grant size limits.</p>	
<p>What are the outcome measures expected as a result of the method of distribution?</p>	

4	State Program Name:	State of Louisiana HOPWA Program
	Funding Sources:	HOPWA
	Describe the state program addressed by the Method of Distribution.	The State of Louisiana receives State Formula HOPWA funding annually to promote housing stability and prevent homelessness among low income persons living with HIV who reside in the parishes outside of the New Orleans and Baton Rouge Metropolitan Statistical Areas (MSAs). These two metropolitan areas are qualifying cities and receive an annual HOPWA award specifically for the parishes that comprise the MSA. The State Formula HOPWA program is administered by the Louisiana Department of Health (LDH), Office of Public Health (OPH), STD/HIV/Hepatitis Program. Most of the State's allocation is distributed to small, community-based organizations that provide comprehensive support services and referrals to low income clients living with HIV and are able to assess client need on an individual basis. A smaller percentage of the annual award is dedicated to the operational support of existing community homes for people living with HIV. The distribution for most of the funds is based on a competitive Request for Proposal (RFP) application process, and is informed by client service utilization, information reported through the bi-annual client needs assessments and a variety of on-going performance monitoring.
	Describe all of the criteria that will be used to select applications and the relative importance of these criteria.	A majority of the evaluation criteria utilized during the review of the applications received as a result of the HOPWA and Ryan White RFP process have been developed by the Louisiana Department of Health (LDH) and the Division of Administration (DoA). These have been developed based on required business procedures, as well as standard accounting and auditing practices. Additional evaluation criteria have been established by the STD/HIV/Hepatitis Program and included in the scoring instrument, such as company history and experience, approach and methodology to deliver quality services on the outlines scope of work, and staff capacity and qualifications. These criteria include the ability of the proposer to document and discuss the consumer need for various housing services in their geographic area and the resources that are currently available, the ability of the proposer to adhere to all federal and State programmatic and data reporting requirements, and the ability of the proposer to achieve stable housing outcomes at the end of each program year for a minimum of 80% of the clients assisted.

<p>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</p>	
<p>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</p>	
<p>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</p>	<p>Notices of all RFPs released by the Louisiana Department of Health, including competitive applications for HOPWA and Ryan White Part B funding, are sent to all vendors on the Pre-Qualified List (PQL) and posted on the La PAC and the LDH websites. An evaluation teams reviews each application submitted by the posted deadline and scores the proposal for both programmatic and cost integrity. In past two decades, all of the project sponsors that have been funded were community based organizations (CBOs), AIDS service organizations (ASOs) and/or grassroots community housing providers. Some of these project sponsors have been, or currently are, faith-based entities/agencies.</p>

<p>Describe how resources will be allocated among funding categories.</p>	<p>Although some percentages may vary based on the changing needs of persons living with HIV and the availability of complimentary resources in each geographic service area, generally 66% of the annual State Formula HOPWA award is allocated to community based organizations that provide Tenant Based Rental Assistance (TBRA), Short-Term Rent/Mortgage/Utility Assistance (STRMU), Resource Identification (RI) and Permanent Housing Placement Services (PHPS). The allocations to TBRA and STRMU typically make up the majority of those awards. An additional 31% of the annual award is allocated to support the operating costs of four transitional supportive facilities or units for low income persons living with HIV, while 3% is dedicated LDH to cover all of the Administrative Costs associated with this grant award.</p>
<p>Describe threshold factors and grant size limits.</p>	<p>There are no required contract thresholds or grant size limits for State Formula HOPWA; however, given the limited amount of funding (approximately \$2.2 million) available for the seven LDH regions of the state no single contract typically exceeds \$250,000.</p>
<p>What are the outcome measures expected as a result of the method of distribution?</p>	<p>At a minimum, contractors are expected to meet or exceed the federal HOPWA goal of achieving stable housing at the end of each program year for 80% or greater of the clients who accessed services. The actions taken to meet this goal should promote housing stability and reduce homelessness among low income persons living with HIV and increase the number of individuals who are connected to HIV-related medical care, medications, and other supportive services.</p>

Discussion:

The methods of distribution for the four (4) HUD programs and the National Housing Trust Fund were designed as a result of the State's citizen participation process, and past experiences in program administration by the three agencies involved. The methods of distribution were each developed to assist state recipients and local governments in addressing basic services and housing needs of the citizens of the State of Louisiana.

AP-35 Projects – (Optional)

Introduction:

Since LCDBG grants are awarded throughout the State's Program Year, the Annual Action Plan is amended at the end of the Program Year to include all awards made.

HOME: HOME projects are awarded after the receipt of the annual HUD allocation.

HOPWA: HOPWA project sponsors are awarded after the receipt of the annual allocation from HUD.

NHTF: NHTF projects are awarded after the receipt of the annual award.

ESG: ESG projects are awarded after the receipt of the annual HUD allocation.

#	Project Name

Table 9 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

ESG: The priorities for the state coordinate with those outlined in the U.S. Interagency Council on Homelessness Federal Strategic Plan to prevent and End Homelessness-Home, Together. These priorities have been implemented in the Louisiana State Plan to End Homelessness-Ma Maison.

HOME: The priority allocations of HOME funds are according to the housing and community development need assessment in the FY 2020-2024 Consolidated Plan, subsequent updates and comments from the community received during the various public input sessions.

HOPWA: The priorities for State Formula HOPWA are based primarily on the results of the bi-annual statewide Needs Assessment of low income persons living with HIV, client utilization of current HOPWA-funded programs and services, and the goals of the Louisiana HIV Strategy for Integrated Prevention and Care.

NHTF: The State of Louisiana plans to use FY 2021 NHTF program funds exclusively for rental housing to meet the priority needs identified by the states ConPlan and to be consistent with the priorities in the QAP. This is due to the amount of available resources and the extremely low income targeting requirements of the NHTF program and the need for rental housing affordable to extremely low income households in the state.

CDBG: Based on the stated priorities of Louisiana's current administration, input from local governments

and citizens, and the fact that public facilities infrastructure in many communities across the state is advanced in age, deteriorating, and in some cases failing entirely, the majority of CDBG funds are prioritized to address public infrastructure needs (specifically, water, sewer, and street projects), including demonstrated needs for emergency projects.

AP-38 Project Summary
Project Summary Information

AP-40 Section 108 Loan Guarantee – 91.320(k)(1)(ii)

Will the state help non-entitlement units of general local government to apply for Section 108 loan funds?

No

Available Grant Amounts

N/A

Acceptance process of applications

N/A

AP-45 Community Revitalization Strategies – 91.320(k)(1)(ii)

Will the state allow units of general local government to carry out community revitalization strategies?

Yes

State’s Process and Criteria for approving local government revitalization strategies

The State supports local government community revitalization efforts by awarding bonus points to projects for affordable housing development located in designated community revitalization strategy areas in its Qualified Allocation Plan. See Appendix “E”, “2019 QAP Selection Criteria”.

However, the LCDBG program specifically will not allow units of general local government to carry out community revitalization strategies.

AP-50 Geographic Distribution – 91.320(f)

Description of the geographic areas of the state (including areas of low-income and minority concentration) where assistance will be directed

ESG: The state's ESGP funding will be awarded statewide utilizing a geographic formula for distribution. Based on national and state studies linking homelessness to conditions of poverty, regional ESGP allocations are formulated based on factors for poverty (very low income) populations in the parishes of each region according to U.S. Census Bureau data. Within each region, grant distribution is determined through a competitive grant award process.

HOME and NHTF: HOME funds administered by the Louisiana Housing Corporation will be used statewide for all activities undertaken during this program year. Activities to increase first time home ownership opportunities with down payment and closing cost assistance through HOME funds will be promoted statewide in metropolitan and non-metropolitan areas through local and statewide media mediums. The Single Family Mortgage Revenue Bond Program is administered through a network of participating financial institutions that are accessible statewide. LHC will seek to expand the number of participating financial institutions in order to increase the number of branch locations accepting mortgage applications throughout the State.

All multi-family rental new construction, acquisition and/ or rehabilitation and homeowner rehabilitation activities engaged in by the State for extremely low, very low and low income households through the use of HOME and NHTF Program funds will be geographically dispersed throughout the State, with special focus given to non-entitlement rural areas. The State's plan does not target any specific area of the State in connection with its overall investment plan for these priorities. However, with regards to homeowner rehabilitation, priority is given to households at or below 60% of the HUD adjusted AMI and households with special need households. NHTF program funds will be used for projects that target extremely low-income and very low-income households. Tenant Based Rental Assistance will be offered on a statewide basis.

HOPWA: These resources will be dedicated to promoting housing stability and preventing homelessness among low income persons living with HIV who reside in the parishes of the state outside of the New Orleans and Baton Rouge MSAs. These parishes are predominantly rural, with high rates of poverty and limited affordable or appropriate housing stock. African Americans bear a disproportionate burden of HIV in Louisiana and continue to be the majority (greater than 70%) of the recipients of services and assistance through State Formula HOPWA funding.

LCDBG: The State's CDBG Program serves all of the non-entitlement areas of the state through a competitive grant process. The low-moderate income populations and minority populations are distributed throughout that service area. Therefore, Louisiana does not set geographic priority areas for

its CDBG Program.

Geographic Distribution

Target Area	Percentage of Funds
CDBG-State of Louisiana	97
HOPWA-State of Louisiana	97
ESG-State of Louisiana	100
HOME-State of Louisiana	100
National Housing Trust Fund - State of Louisiana	100

Table 10 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

ESG: The LHC intends to continue the use of a geographic formula in the distribution of ESGP funding. This ensures each region of the State receives a specified minimum of State ESGP grant assistance for eligible ESGP projects. Determining factors for allocations will include population figures, rate of poverty, performance history, and available funding.

HOME: An assessment of the housing and homeless needs of the State of Louisiana is included in the FY 2020 – FY 2024 Consolidated Plan; the needs are substantial and complex. The State of Louisiana is extremely diverse in its racial and ethnic composition, and there are numerous areas across the state with concentrated populations, including African American, Hispanic, Asian, and others. In addition the state has multiple and varying housing and non-housing challenges. These challenges vary substantially from region to region. Therefore, the State’s plan for FY 2021 does not target any specific area of the State in connection with its overall investment plan for these priorities. Funds will be geographically dispersed throughout the State, with special focus given to non-entitlement rural areas.

HOPWA: Resources are allocated geographically in accordance with the overall HIV burden reported for each of the seven LDH regions. Within each region, allocations to various activities are based on documented client need, the goals in the Louisiana HIV Strategy for Integrated Prevention and Care, and client responses to the bi-annual Statewide Needs Assessment.

NHTF: NHTF funds will be distributed statewide primarily with Low Income Housing Tax Credits (LIHTC). Funds will be awarded on a competitive basis to projects that address the priority housing needs as identified in the state’s Consolidated Plan, and the priorities established in the QAP in force at the time of application. During the 2021 program year, the State will give preferences to projects located in: a) Qualified Census Tract, and b) rural area (as defined by the QAP).

LCDBG: The State determined that combined data regarding population density, existence of low/moderate households, and racial concentrations in the non-entitlement areas revealed a distribution of

need with no significant concentrations. Additionally, approximately 90% of the available funds are awarded through a competitive grant application process which requires that the applicant met at least one of the three HUD national objectives in order to be considered for funding.

Discussion

HOME and NHTF: There are concentrations of poverty in every region of the state. The concentration varies based on local factors. Maps of the areas of poverty and minority concentration are identified in this plan as Areas of Poverty Concentration Map (Attachment B) and Areas of Minority Concentration Map (Attachment C). The State of Louisiana's method of distribution will select projects and proposals that are supported by a current market analysis as part of the application for funding process which identifies the need for each project within the context of local and regional needs.

Affordable Housing

AP-55 Affordable Housing – 24 CFR 91.320(g)

Introduction:

The following table present Action Plan 2020 affordable housing goals by household type.

One Year Goals for the Number of Households to be Supported	
Homeless	20
Non-Homeless	238
Special-Needs	45
Total	303

Table 11 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	200
The Production of New Units	22
Rehab of Existing Units	36
Acquisition of Existing Units	0
Total	258

Table 12 - One Year Goals for Affordable Housing by Support Type

Discussion:

The State will use its 2021 HOME and National Housing Trust Fund (NHTF) allocations for the provision of affordable housing. Both funding sources will be distributed competitively through Request for Proposals (RFP) processes. RFP's may cover a combination of funding sources and include Low Income Housing Tax Credits (LIHTC). Project selection are based on scoring criteria which gives preferences to those projects which leverage non-federal funds and those providing additional special need units. It is estimated that the state will assist a minimum of four (4) projects resulting in approximately 16 units of affordable housing for extremely low income (ELI) households based on the maximum subsidy limits with its National Housing Trust Fund allocation. It is estimated that eight (8) will be new construction rental and eight (8) will be rehabilitation of rental units. The estimated number of NHTF units is included in the one year goals.

AP-60 Public Housing - 24 CFR 91.320(j)

Introduction:

The State of Louisiana does not manage public housing authorities, as each have their own charter with HUD.

Actions planned during the next year to address the needs to public housing

The State of Louisiana does not manage public housing authorities, as each have their own charter with HUD. However, the state assist public housing authorities through providing to all PHAs a Certification of Consistency with the Consolidated and Annual Action Plan for their agency plan. Specific requirements of the certification will address the following topics:

- Compliance to Section 504
- Participation in the Continuum of Care
- Activity to alleviate homelessness

The state will continue to provide appropriate resources to public housing authorities to modernize their public housing units or build new units through their Tax Credit Program, and HOME allocations.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

The local PHAs must adhere to this requirement; therefore, the state has no input.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

If HUD identifies a troubled public housing agency, the state will consider available options to provide resources and assistance to that agency. The state will continue to provide appropriate resources to public housing authorities to modernize their public housing units or build new units through their Tax Credit Program or HOME allocation. As of April, 2019, the following Housing Authorities (HA) were designated by HUD as "troubled": the HA of the town of Vinton, the HA of the town of Grambling, and the HA of the Town of Independence.

Discussion:

AP-65 Homeless and Other Special Needs Activities – 91.320(h)

Introduction

The state has taken an active approach in addressing the needs of the homeless and is working toward eradicating homelessness in Louisiana. The LHC has worked to establish the Louisiana Housing and Transportation Planning Commission to address the needs of the state's most vulnerable citizens. This commission has adopted Louisiana's Ten Year Plan to End Homelessness-known as Ma Maison (My Home). This plan was modeled after the federal plan designed by the United States Interagency Council "Home Together" sets the following goals:

- Prevent and end homelessness among veterans
- Prevent and end chronic homelessness among people with disabilities
- Prevent and end homelessness for families, children, and unaccompanied youth
- Set a path to ending all types of homelessness

The LHC, in partnership with the Governor's Council to End Homelessness and other state agencies will work with the Continuums of Care, nonprofit agencies and other identified stakeholders to achieve the goals of ending homelessness in Louisiana. Ending homelessness means that every community has a system in place to quickly respond to those experiencing homelessness and to quickly rehouse them.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Throughout the state each CoC works to coordinate homeless services within their communities. All CoC's have adopted a Vulnerability Index and Service Prioritization utilizing the Decision Assistance Tool (VI-SPDAT) assessment tool and a statewide definition of "Housing First" to provide a coordinated assessment which identifies and addresses the individual's needs.

Addressing the emergency shelter and transitional housing needs of homeless persons

Emergency Shelters provide a vital need in our communities, providing immediate housing options for individuals and families. LHC continues to allocate a large portion of ESGP funding to the emergency shelter component. While there is a priority to allocate ESGP funding for RRH activities, the state recognizes the need to continue to fund homeless shelters statewide. LHC will continue to work closely with the homeless shelters statewide to address the needs of the homeless population.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to

permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The LHC has worked to align the resources by prioritizing the use of “Rapid Re-housing” (RRH) with ESGP funding. The focus of RRH is to decrease the length of time an individual or family spends in homelessness, as well as giving them access to sustainable affordable housing options. The LHC will continue to work with the CoC’s and service providers to align resources in their communities to maximize the services made available to homeless and at risk of homelessness populations.

Rapid re-housing has become a tool utilized to provide services that allow for a family or individual to exit homelessness and not return. This model has helped communities to decrease the number of homelessness. The goal of rapid re-housing is to assist those that are already homeless: either sleeping in places not meant for human habitation or a homeless shelter. Rapid re-housing places a priority on moving a homeless family or individual experiencing homelessness into permanent housing as quickly as possible. The participants are assisted with housing search and placement, rental and utility assistance and case management services, the services are individualized; however, assistance is usually for a period of 4-6 months.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

The state continues to make provisions for agencies to utilize ESGP funding to provide homeless prevention assistance when it is necessary to prevent a family from losing its housing and becoming homeless.

Discussion

AP-70 HOPWA Goals – 91.320(k)(4)

One year goals for the number of households to be provided housing through the use of HOPWA for:	
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family	400
Tenant-based rental assistance	195
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	0
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	40
Total	635

AP-75 Barriers to affordable housing – 91.320(i)

Introduction:

The effects of public policies on affordable housing and residential investment can cause increases to the cost of housing or be a disincentive to develop, maintain, or improve affordable housing. The cost of affordable housing development in Louisiana are affected by its policies, including tax policies affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment. In Louisiana, the Fair Market Rent (FMR) for a two-bedroom apartment is \$909. According to the a study by the National Low Income Housing Coalition (NLIHC) entitled Out of Reach: 2020 in order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn \$3,030 monthly or \$36,356 annually. Assuming a 40-hour work week, 52 weeks per year. This level of income translates into an hourly “Housing Wage” of: \$17.48 while the minimum wage remains \$7.25/hour and average renter wage is \$14.64/hour. Some of the most common barriers to affordable housing include:

- Local zoning barriers – including a lack of multi-family zones, and difficult rezoning as apprehensive property owners resist efforts to rezone because of fear of increased traffic, building scale and design, noise and overall devaluation of their own property;
- A lack of support for mass transportation and an unwillingness to use resources to promote greater access between affordable housing and needed services;
- The general lack of an existing affordable housing inventory;
- The refusal of many property owners to accept Section 8 subsidies;
- The building industry’s preference for market rate single family housing production, rather than government assisted affordable housing, as well as the demand for low density single-family housing developments as values for homes with larger lots have remained high and not very affordable;
- A tendency toward making “high-end” mortgages;
- Reluctance to engage in any portfolio lending rather than selling all homes on the secondary market;
- The high costs associated with developing affordable housing, and the lack of provision for social services;
- Lack of affordable rental units, particularly over three bedrooms in suburban and rural communities;
- Property tax rollback policies that decreases the percent of tax revenues a city can collect, thus limiting funds that could otherwise be applied to development and/or providing incentives for low-income housing and supportive services;
- Deed restrictions, including minimum home square footage requirements, the type of construction materials or design to be used, requirements for amenities, such as stone fences, landscaping, etc., are used to protect neighborhood property values by ensuring that certain

minimum standards are met; and

Environmental regulations, passed at the national or state level, and designed to protect the environment, increases the cost of development.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

All agencies administering HUD programs in the state encourage, but cannot mandate, local governments to adopt policies, procedures, and processes that will reduce barriers to affordable housing. These include land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. The state, through the Louisiana Housing Corporation encourages partnerships between for-profit developers, non-profit organizations, local governmental units, commercial lending institutions and State and federal agencies in an effort to reduce barriers and garner community support for affordable housing.

The State continues to develop strategies that will remove or ameliorate negative effects that its policies may have that serve as barriers to affordable housing. LHC's "Community Connections" conference in April, 2019 brought together housing professionals from all over the state to discuss various issues related to the provision of affordable housing. LHC plans to resume its "Community Connections" conference in 2021 making it an annual event to broaden relationships with local governments and affordable housing partners to identify and ameliorate policies that have a negative effect on affordable housing.

Discussion:

AP-85 Other Actions – 91.320(j)

Introduction:

Actions planned to address obstacles to meeting underserved needs

All of the activities which will be funded under the State's Community Development Block Grant Program (CDBG), HOME Investments Partnerships Program (HOME), National Housing Trust Fund (NHTF), Emergency Solutions Grants Program (ESG), and State Formula Housing Opportunities for Persons With AIDS Program (HOPWA) will address the goal of improving the living conditions of the State's extremely low, very low, low and moderate income citizens in all regions of the State including underserved small cities and rural areas. The NHTF is statutorily targeted to primarily assist extremely low income and very low income households. NHTF will reduce the housing costs of extremely low and very low income families and increase the resources available to meet other consumer needs. The State Formula HOPWA is specifically dedicated to preventing homelessness among low income persons who are living with HIV. These individuals struggle with the stigma of their medical condition when seeking medical care, housing, employment and supportive services, in addition to the challenges that come with poverty. State Formula HOPWA is an integral component of preventing homelessness in this target population.

The HOME, NHTF, ESG, and State Formula HOPWA programs will assist in the provision of decent housing by improving existing housing units as well as expanding the availability of decent and attractive affordable housing. The Louisiana Community Development Block Grant (LCDBG) Program will provide funding for infrastructure improvements which will improve the quality of life and raise the living standards of all of the citizens being served. The LCDBG Program also allocates monies for the expansion of economic opportunities with the primary purpose of creating jobs which are accessible to low and moderate income persons. Funds are available for local governments to use to make public improvements which support a private industrial expansion effort.

Formula HOPWA is specifically dedicated to promoting housing stability and preventing homelessness among low income persons who are living with HIV. Individuals struggle with the stigma of their medical condition when seeking medical care, housing, employment and supportive services, in addition to the challenges that come with poverty. State Formula HOPWA is an integral component of programming to promote housing stability, prevent homelessness, and facilitate access to care and support for this priority population.

Actions planned to foster and maintain affordable housing

The state allows all types of housing initiatives, so as to provide opportunities to units of local government to use housing funding in the manner most conducive to their needs. HOME and CDBG funds may be used to provide grants to local governments to eliminate hazards that pose a threat to the

health and safety of very low income and/or elderly/handicapped families who own and occupy substandard housing. NHTF will be used in combination with other available resources to increase the number of affordable and available housing units for extremely low and very low income households (including homeless individuals and families) statewide.

The state will continue to offer funding initiatives to for-profit developers, units of local government, experienced non-profit organizations and CHDOs interested in undertaking homeownership and rental development across the state. The goal is to use soft funds to expand the supply of affordable housing throughout the state; especially in non-entitlement areas. Selection criteria points are awarded to projects evidencing the leverage of soft funds and local governmental funding and support.

Community living facilities supported by State Formula HOPWA funding assess a rental charge of 30% of the tenant's income in order to provide both affordable and appropriate housing for low income individuals living with HIV.

Actions planned to reduce lead-based paint hazards

The lead-based paint regulations described in 24 CFR Part 35 require that the lead hazard evaluation and reduction activities be carried out for all proposed NHTF and HOME-assisted projects constructed before 1978. Applications for rehabilitation funds for existing buildings constructed before 1978 must include a lead hazard evaluation by appropriate lead-certified personnel. In addition, if necessary, developers must provide relocation of any occupants from units or buildings where rehabilitation has the potential to create or disturb lead paint hazards. For owner-occupied rehabilitation projects using HOME assistance, a lead paint inspection will be required on pre-1978 homes. If lead paint is found, mitigation measures are required when the cost of mitigation and rehabilitation are within the per project limits established for the program. The HOME program requires lead screening in housing built before 1978 for their Owner Occupied Rehabilitation Assistance Program.

All State Formula HOPWA project sponsors must get a signed certificate from the landlord certifying that there is a working smoke detector and no lead based paint in a rental unit before a client's rent may be paid. The ESG funded homeless shelters are required to meet the Shelter and Housing Standards outlined in 24 CFR 576.403. Lead-based paint remediation and disclosure applies to all ESG-funded shelters and all rental units occupied by ESG participants. In 2019 LHC applied for and won a second Lead-Based Paint Hazard Control Grant from HUD under a partnership with the Louisiana Department of Health and Hospitals (LDHH). The grant program provides for lead testing of children and remediation for a proposed 160 housing units.

Actions planned to reduce the number of poverty-level families

The state CDBG, HOME, NHTF, ESG, SF HOPWA and other federal grants will continue to support programs and organizations that provide assistance and economic opportunities for homeless, extremely low, very low, low and moderate income persons and for populations with special needs.

Funds will continue to be used to support subsidized housing, food and healthcare programs, and emergency services.

The state will continue to use Weatherization Assistance Program and Low-Income Home Energy Assistance Program funds to assist low-income households to reduce energy costs; particularly the elderly, persons with a disability and households with children. Increasing the energy efficiency of homes has been an effective mean to reduce the number of poverty-level families by increasing the amount of funds that may be used for other household needs

Actions planned to develop institutional structure

The State and the Louisiana Housing Corporation plan to continue to promote cooperation efforts with local governments and housing authorities in the state. LHC will continue to promote the development and capacity of Community Housing Development Organizations (CHDOs) to develop, own and sponsor affordable housing projects. Both the State and LHC will continue to coordinate its efforts with local banks, mortgage lenders, and financial institutions in the development of affordable housing and economic development projects.

The State Formula HOPWA grantee will continue to work with all project sponsors to promote strengths based case management and the development of care plans that are truly goal focused. This will be done in order to increase the degree to which clients are able to achieve optimal health outcomes, increase the functions of daily living and even live independently. Staff will also assure that all clients are referred to other community resources (Section 8, senior living, 1115i waiver programs, local housing authority initiatives, etc.) for appropriate housing assistance and affordable units. These efforts will assure that State Formula HOPWA resources support those persons who are most in need and preserve resources for those clients newly entering the program and in need of the greatest number of resources.

Actions planned to enhance coordination between public and private housing and social service agencies

LHC's "Community Connections" conference in April, 2019 brought together housing professionals from all over the state to discuss various issues related to the provision of affordable housing. LHC plans to make its "Community Connections" conference an annual event to broaden relationships with local governments, affordable housing partners, and service provider agencies to identify and ameliorate policies that have a negative effect on affordable housing and enhance coordination. The State has also executed a Memorandum of Understanding (MOU) with the U.S. Department of Agriculture Rural Development to coordinate efforts promoting affordable housing efforts. All affordable rental housing applications utilizing HOME funds are required to submit a certification that the local offices of HUD and Rural Development were contacted concerning the construction of the proposed project. Developers must hold public hearings to get feed back on development plans and acknowledge in writing that the

construction of the proposed project will not have an adverse impact on existing developments. All projects seeking points for providing special need services are required to have agreements with service providers in place prior to commitment agreements are executed.

Discussion:

The selection criteria under the HOME, NHTF and Low Income Housing Tax Credits Programs have been and will continue to be structured to address Louisiana's identified housing priorities and to provide for coordination with the Louisiana Department of Economic Development, U. S. Department of Agriculture Rural Development, and local housing authorities.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.320(k)(1,2,3)

Introduction:

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.320(k)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan.	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan	0
5. The amount of income from float-funded activities	0
Total Program Income:	0

Other CDBG Requirements

1. The amount of urgent need activities	6,700,000
2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.	70.00%

HOME Investment Partnership Program (HOME)

Reference 24 CFR 91.320(k)(2)

1. A description of other forms of investment being used beyond those identified in Section 92.205 is

as follows:

The State of Louisiana utilizes only forms of investment that are included in Section 92.205 (b).

2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

Resale/or Recapture Provisions- Federal regulations for the HOME Program specify certain requirements for resale restrictions or recapture provisions when HOME funds are used to assist with a homeownership purchase, whether the purchase is with or without rehabilitation. These provisions are imposed for the duration of the period of affordability on all HOME assisted homebuyer projects through a written agreement with the homebuyer. Enforcement mechanisms are liens, deed restrictions, or covenants running with the land. The HOME written agreement shall accurately disclose the resale or recapture provisions and the enforcement mechanism with the homebuyer before or at the time of sale. The HOME assisted unit must be the principal residence of the homebuyer throughout the period of affordability. The “Resale or Recapture Provisions” (see Appendix D) are triggered by the non-owner occupancy (either voluntary or involuntary) of the HOME assisted unit or any transfer of title, during the HOME period of affordability. (See Appendix D)

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

The period of affordability is determined by the amount of the HOME fund investment in accordance with 24 CFR 92.254(a) (4); (see Appendix D). To ensure affordability, the State will, at its option, impose either resale or recapture requirements conforming to the standards of 24 CFR 92.254. The minimum amount of HOME Funds authorized to be recaptured by the State shall be the principal amount of the blended first mortgage times the percentage of the principal amount of such loans representing HOME Funds, as specified in the Agency’s Arbitrage Certificate for the series of bonds which financed such loan. In cases where the homebuyer assistance is provided through a CHDO or State Recipient or other non-profit directly using HOME funds that are not part of a bond issue, the State will apply the recapture provision during the period of affordability to HOME funds that are used to enable the homebuyer to purchase the unit. The Recapture period shall be that which is required by the federal regulations at the time the assistance was provided. Prior to the funding of homebuyer assistance, a written loan agreement will be required between the State (LHC) or its administrating sub-recipient (CHDO, State Recipient, etc.) and the homebuyer. The written agreement will specify all recapture provisions as well as all other applicable requirements

of the program (see Appendix D).

It shall be the policy of the State to prohibit the subordination of its lien interest on a property subsidized with HOME Funds unless the residual equity available after the new debt is placed on the property is sufficient to allow recapture of the HOME subsidy. If the residual equity available is sufficient to allow for recapture, the State shall give written permission to the homeowner to allow for the refinancing. During the period of affordability, no such homeowner will be permitted to refinance the property without the prior written approval of the State. It shall be the policy of the State to use its authority to forgive a portion or all of a HOME-funded loan made through the Single Family Homebuyer Program with good reason, consistent with the HOME rules and regulations, and with the approval of the Executive Director of the Louisiana Housing Corporation.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

If the State of Louisiana uses HOME funds to refinance existing debt secured by multifamily housing, it will only be provided in accordance with section 92.206. The State will not use FY 2021 HOME funds to refinance existing debt secured by multifamily housings.

Emergency Solutions Grant (ESG) Reference 91.320(k)(3)

1. Include written standards for providing ESG assistance (may include as attachment)
2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.
3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).
4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies and funding decisions regarding facilities and services funded under ESG.

5. Describe performance standards for evaluating ESG.

Housing Trust Fund (HTF)
Reference 24 CFR 91.320(k)(5)

1. How will the grantee distribute its HTF funds? Select all that apply:
2. If distributing HTF funds through grants to subgrantees, describe the method for distributing HTF funds through grants to subgrantees and how those funds will be made available to state agencies and/or units of general local government. If not distributing funds through grants to subgrantees, enter "N/A".
3. If distributing HTF funds by selecting applications submitted by eligible recipients,
 - a. Describe the eligibility requirements for recipients of HTF funds (as defined in 24 CFR § 93.2). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".
 - b. Describe the grantee's application requirements for eligible recipients to apply for HTF funds. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".
 - c. Describe the selection criteria that the grantee will use to select applications submitted by eligible recipients. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".
 - d. Describe the grantee's required priority for funding based on geographic diversity (as defined by the grantee in the consolidated plan). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

e. Describe the grantee's required priority for funding based on the applicant's ability to obligate HTF funds and undertake eligible activities in a timely manner. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

f. Describe the grantee's required priority for funding based on the extent to which the rental project has Federal, State, or local project-based rental assistance so that rents are affordable to extremely low-income families. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

g. Describe the grantee's required priority for funding based on the financial feasibility of the project beyond the required 30-year period. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

h. Describe the grantee's required priority for funding based on the merits of the application in meeting the priority housing needs of the grantee (such as housing that is accessible to transit or employment centers, housing that includes green building and sustainable development features, or housing that serves special needs populations). If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

i. Describe the grantee's required priority for funding based on the extent to which the application makes use of non-federal funding sources. If not distributing funds by selecting applications submitted by eligible recipients, enter "N/A".

4. Does the grantee's application require the applicant to include a description of the eligible activities to be conducted with HTF funds? If not distributing funds by selecting applications submitted by eligible recipients, select "N/A".

5. Does the grantee's application require that each eligible recipient certify that housing units assisted with HTF funds will comply with HTF requirements? If not distributing funds by selecting applications submitted by eligible recipients, select "N/A".

6. Performance Goals and Benchmarks. The grantee has met the requirement to provide for performance goals and benchmarks against which the grantee will measure its progress, consistent with the grantee's goals established under 24 CFR 91.315(b)(2), by including HTF in its housing goals in the housing table on the SP-45 Goals and AP-20 Annual Goals and Objectives screens.

7. Maximum Per-unit Development Subsidy Amount for Housing Assisted with HTF Funds.

Enter or attach the grantee's maximum per-unit development subsidy limits for housing assisted with HTF funds.

The limits must be adjusted for the number of bedrooms and the geographic location of the project. The limits must also be reasonable and based on actual costs of developing non-luxury housing in the area.

If the grantee will use existing limits developed for other federal programs such as the Low Income Housing Tax Credit (LIHTC) per unit cost limits, HOME's maximum per-unit subsidy amounts, and/or Public Housing Development Cost Limits (TDCs), it must include a description of how the HTF maximum per-unit development subsidy limits were established or a description of how existing limits developed for another program and being adopted for HTF meet the HTF requirements specified above.

8. Rehabilitation Standards. The grantee must establish rehabilitation standards for all HTF-assisted housing rehabilitation activities that set forth the requirements that the housing must meet upon project completion. The grantee's description of its standards must be in sufficient detail to determine the required rehabilitation work including methods and materials. The standards may refer to applicable codes or they may establish requirements that exceed the minimum requirements of the codes. The grantee must attach its rehabilitation standards below.

In addition, the rehabilitation standards must address each of the following: health and safety; major systems; lead-based paint; accessibility; disaster mitigation (where relevant); state and local codes, ordinances, and zoning requirements; Uniform Physical Condition Standards; and Capital Needs Assessments (if applicable).

9. Resale or Recapture Guidelines. Below, the grantee must enter (or attach) a description of the guidelines that will be used for resale or recapture of HTF funds when used to assist first-time homebuyers. If the grantee will not use HTF funds to assist first-time homebuyers, enter “N/A”.

10. HTF Affordable Homeownership Limits. If the grantee intends to use HTF funds for homebuyer assistance and does not use the HTF affordable homeownership limits for the area provided by HUD, it must determine 95 percent of the median area purchase price and set forth the information in accordance with §93.305. If the grantee will not use HTF funds to assist first-time homebuyers, enter “N/A”.

Any limitation or preference must not violate nondiscrimination requirements in § 93.350, and the grantee must not limit or give preferences to students. The grantee may permit rental housing owners to limit tenants or give a preference in accordance with § 93.303(d)(3) only if such limitation or preference is described in the action plan.

12. Refinancing of Existing Debt. Enter or attach the grantee’s refinancing guidelines below. The guidelines describe the conditions under which the grantee will refinance existing debt. The grantee’s refinancing guidelines must, at minimum, demonstrate that rehabilitation is the primary eligible activity and ensure that this requirement is met by establishing a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing. If the grantee will not refinance existing debt, enter “N/A.”

Discussion:

Attachments

Grantee Unique Appendices

**PEOPLE LIVING WITH HIV NEEDS ASSESSMENT
STATEWIDE REPORT**

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF PUBLIC HEALTH STD/HIV PROGRAM

MARCH 2020

Submitted by:
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LIST OF ACRONYMS

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CBOs	Community-Based Organizations
COBRA	Consolidated Omnibus Budget Reconciliation Act
FEMA	Federal Emergency Management Agency
HOPWA	Housing Opportunities for Persons with Aids
L-DAP	Louisiana Drug Assistance Program
LDH	Louisiana Department of Health
LIHEAP	Low Income Home Energy Assistance Program
MAT	Medication-Assisted Treatment
OPH SHP	Louisiana Department of Health's Office of Public Health STD, HIV, and Hepatitis program
PrEP	Pre-Exposure Prophylaxis
PRG	The Policy & Research Group
PTSD	Post-Traumatic Stress Disorder
SNAP	Supplemental Nutrition Assistance Program
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
STRMU	Short-Term Rent, Mortgage, and Utility
TANF	Temporary Assistance for Needy Families
TBRA	Tenant-Based Rental Assistance

LIST OF PARTNERS

NEW ORLEANS ELIGIBLE METROPOLITAN AREA

Access Health Louisiana
Belle Reve New Orleans
Concerned Citizens for a Better Algiers
CrescentCare
Frontline Legal Services
New Orleans Regional AIDS Planning Council
Priority Health Care
Project Lazarus of New Orleans
St. Thomas Community Health Center
Southeast Louisiana Area Health Education Center
The Office of Health Policy and AIDS Funding
Tulane Total Health
University Medical Center HIV Outpatient Program

BATON ROUGE TRANSITIONAL GRANT AREA

Care South Medical and Dental Baton Rouge Clinic
CrescentCare Legal Services Baton Rouge
Family Services of Greater Baton Rouge
HIV AIDS Alliance for Region Two
Our Lady of the Lake Early Prevention Clinic
Volunteers of America of Greater Baton Rouge

REGION III

CrescentCare Exchange Support Services

REGION IV

Acadiana CARES

REGION V

Southwest Louisiana AIDS Council

REGION VI

Central Louisiana AIDS Support Services

REGION VII

The Philadelphia Center

REGION VIII

Greater Ouachita Coalition Providing AIDS Resources and Education

REGION IX

Volunteers of America Greater New Orleans

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INTRODUCTION

PURPOSE OF THE LOUISIANA STATEWIDE NEEDS ASSESSMENT

This report was prepared by The Policy & Research Group (PRG) for the Louisiana Office of Public Health STD/HIV Program (OPH SHP) within the Department of Health and Hospitals. The purpose of the 2019 *Louisiana Needs Assessment* is to gain an understanding of the current care service needs of People Living with HIV (PLWH) in the nine administrative regions of Louisiana. In particular, the 2019 *Louisiana Needs Assessment* aims to provide an estimate of the extent of PLWH's unmet primary care and HIV-related support service needs, experiences in accessing services, perceived barriers to access, and some insight into their HIV-related knowledge.

LAYOUT OF THE REPORT

This report presents the characteristics of survey respondents in the New Orleans Eligible Metropolitan Area (NO EMA), the Baton Rouge Transitional Grant Area (BR TGA), and Louisiana Public Health Regions III through IX, as well as basic aggregate results of responses provided to survey questions. Rounding accounts for slight discrepancies in calculations between the figures and table notes in the report.

A description of the methods used to conduct the 2019 *Louisiana Needs Assessment* can be found in Appendix B; specifically, we provide a detailed explanation of data sources, data management procedures, and variable constructions. A copy of the survey instrument can be found in Appendix C.

SURVEY RESPONDENTS

A convenience sample of 1,949 questionnaires was submitted to PRG; this represents 85% of the goal of 2,300 responses as set by OPH SHP. Table 1 presents the 2019 *Needs Assessment* targets by region and the resulting survey response rates.

Table 1. Statewide Needs Assessment Targets

Region	Target Number of Questionnaires	Number Returned	Percentage of Target
NO EMA	865	662	76.5%
BR TGA	550	393	71.5%
III	95	111	116.8%
IV	180	192	106.7%
V	110	111	100.9%
VI	100	75	75.0%
VII	200	213	106.5%
VIII	125	118	94.4%
IX	75	74	98.7%
Total	2,300	1,949	84.7%

It is important to emphasize that the data presented in this report may not be representative of or generalizable to all PLWH across the state. There are two reasons for this. First, the data are derived from a convenience sample. The PLWH who were surveyed are those who happened to be available and present at the data collection sites during survey administration. Additionally, survey respondents are also those who selected themselves into the sample (i.e., they were not randomly selected), which means they may be systematically different from those who did not. As a result, we cannot say that those in the sample are

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representative of any broader population (i.e., one that includes those who select out). This limitation applies to the full statewide sample, as well as any regional subsample; the samples cannot be said to be representative of the PLWH population within each region or across Louisiana.

In addition, the statewide sample may not be generalizable to the broader population of PLWH in Louisiana because the regional subsamples differ from the estimated distribution of PLWH across the state. Prior to data collection, the sampling area (Louisiana) was divided based on the Louisiana Department of Health and Hospitals' nine administrative regions. OPH SHP chose a target number of respondents for each region; however, the targets (and ultimately the regional samples) were not in proportion to the distribution of PLWH across the state. This is demonstrated in Table 2, which presents the estimated number and percentage of PLWH in each region for the state compared to each region for the sample. For example, Region III is overrepresented in the needs assessment sample, accounting for 5.7% of PLWH in the sample but only 4.1% of PLWH in the state surveillance data. By contrast, BR TGA comprises 23.3% of PLWH in the state surveillance data but only 20.2% of PLWH in the needs assessment sample. As a result, generalizations and inferences about the needs of PLWH across the state should be made with caution.

Table 2. Number of PLWH in Each Region

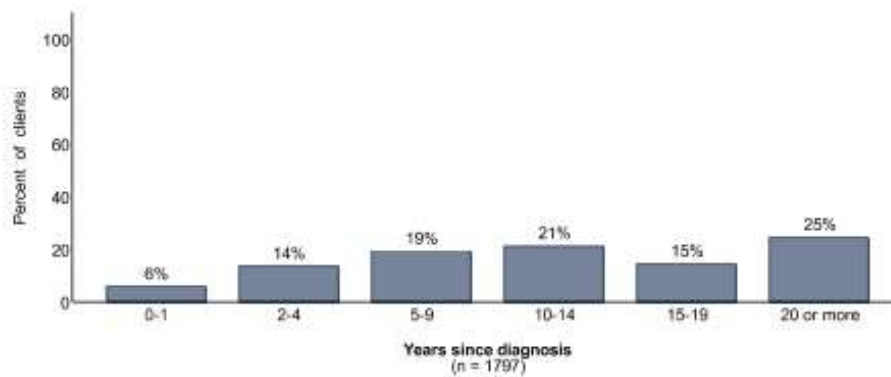
Region	2019 State Surveillance Data		2019 Needs Assessment Sample	
	Number of PLWH	Percentage of PLWH	Number in Sample	Percentage in Sample
NO EMA	7,696	34.5%	662	34.0%
BR TGA	5,198	23.3%	393	20.2%
III	915	4.1%	111	5.7%
IV	1,795	8.0%	192	9.9%
V	1,048	4.7%	111	5.7%
VI	1,020	4.6%	75	3.9%
VII	2,021	9.1%	213	10.9%
VIII	1,149	5.1%	118	6.1%
IX	1,477	6.6%	74	3.8%
Total	22,319	100.0%	1,949	100.0%

*Number of PLWH are as reported by state surveillance data in the September 30, 2019 Louisiana HIV, AIDS, and Early Syphilis Surveillance Quarterly Report. NO EMA and BR TGA include some Parishes in Region III and Region IX.

SECTION A. BACKGROUND

HIV STATUS

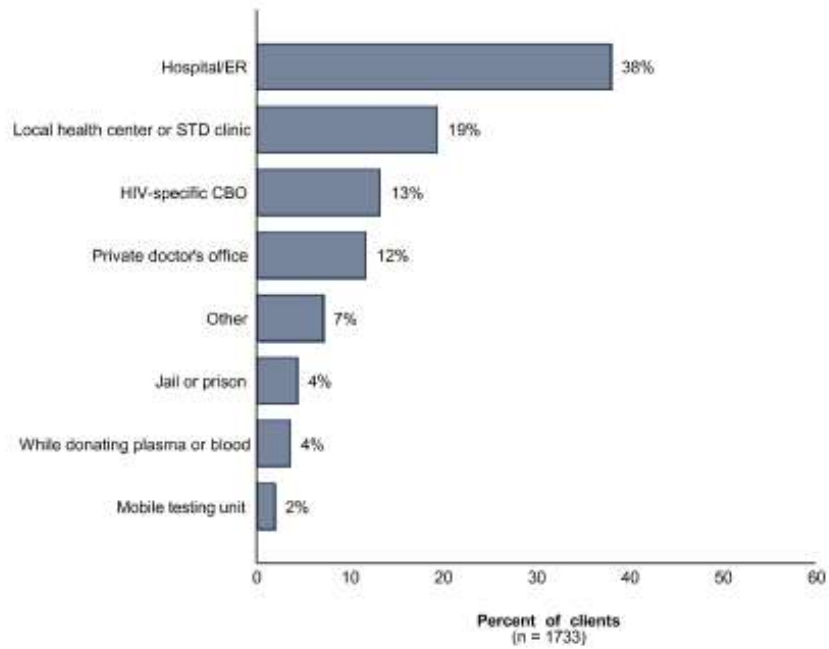
Figure A1. Length of Time Living with HIV



- Included in the 20 or more column are 18 respondents who reported being diagnosed with HIV prior to 37 years ago (diagnosis began in 1982); length of time since HIV diagnosis reported for these 18 respondents ranged from 38 to 71 years.

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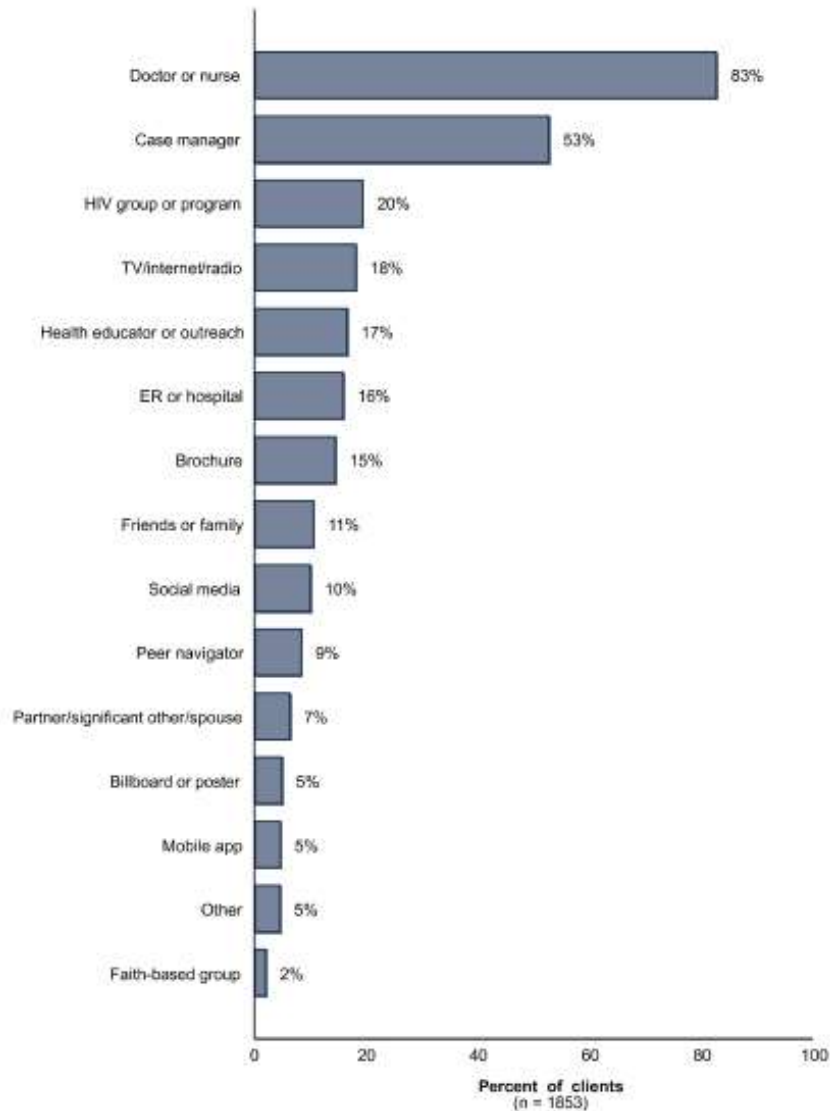
Figure A2. Place Where Respondents Were Told of HIV Diagnosis



- The category *other* includes 82 individuals who specifically chose the response option *other* (4.7%) as well as 43 individuals who selected *organizations providing other services* (2.5%).

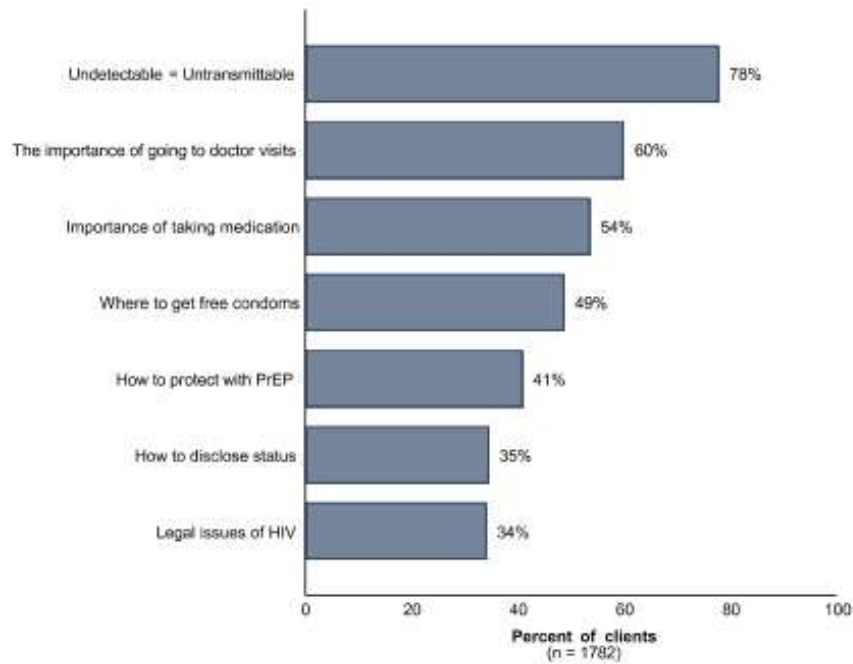
HIV-RELATED KNOWLEDGE

Figure A3. Sources of HIV Information



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,853 individuals who responded to this question, 1,197 (64.6%) reported two or more sources of HIV information.

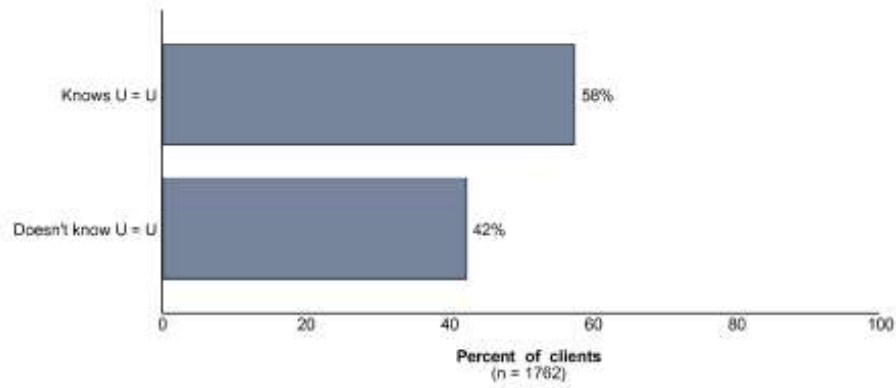
Figure A4. Information Received on HIV Transmission and Related Issues in the Past Year



- Included in calculations but not presented in this figure are 143 individuals (8.0%) who selected *no, no one has explained any of these things to me in the last year*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,782 individuals who responded to this question, 1,170 (65.7%) reported having knowledge of two or more issues related to HIV.

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Figure A5. Knows that HIV Undetectable = Untransmittable (U = U)



BACKGROUND CHARACTERISTICS

Figure A6. Map of Current Parish of Residence (n = 1,764)

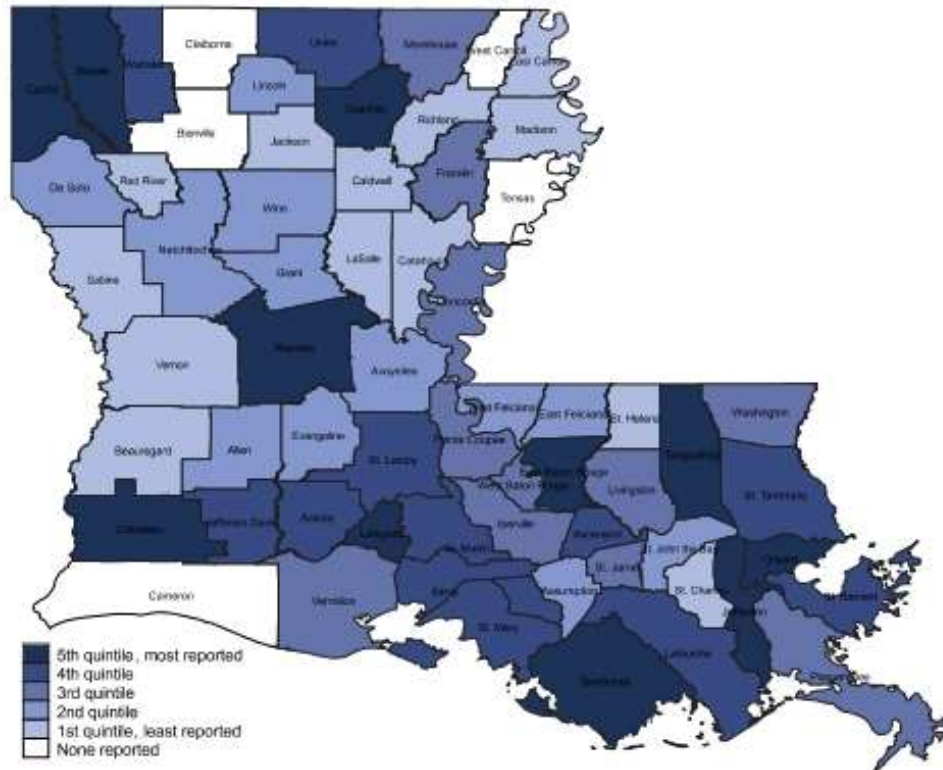
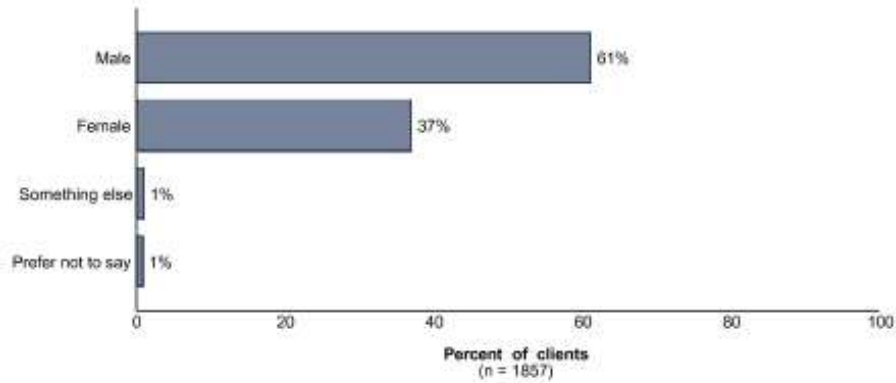


Table A1. Current Parish of Residence (n = 1,764)

Parish	Number Reporting	Percent Reporting	Parish	Number Reporting	Percent Reporting
Orleans	423	24.0%	Rapides	62	3.5%
East Baton Rouge	326	18.5%	Tangipahoa	52	3.0%
Caddo	162	9.2%	Terrebonne	42	2.4%
Lafayette	120	6.8%	Bossier	25	1.4%
Jefferson	115	6.5%	Lafourche	23	1.3%
Calcasieu	92	5.2%	St. Tammany	21	1.2%
Ouachita	71	4.0%			

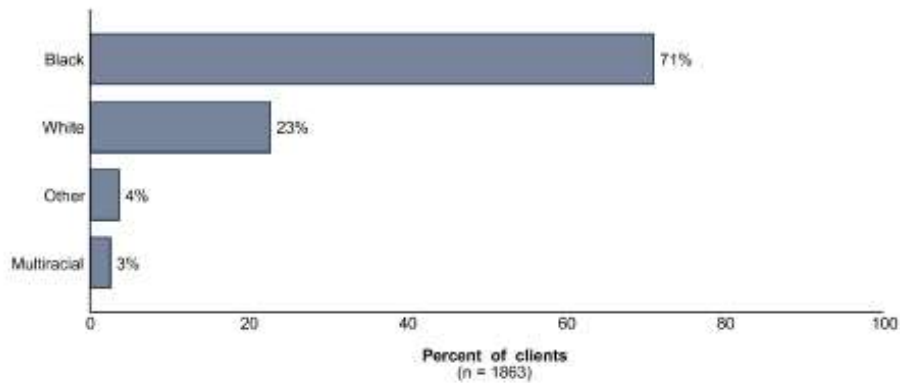
- Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in other parishes. See Appendix B, Table B2, for more information.

Figure A7. Gender of Respondents



- One thousand eight hundred and thirty-two individuals responded to the subsequent question on whether or not they identify as transgender; of those, 100 individuals (5.5%) responded yes.

Figure A8. Race of Respondents



- The category *other* includes individuals who specifically chose *other* (n = 45), along with those who identified as *Native American* (n = 17) and *Asian or Pacific Islander* (n = 7).

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Figure A9. *Latino/Latina/Latinx/Hispanic*

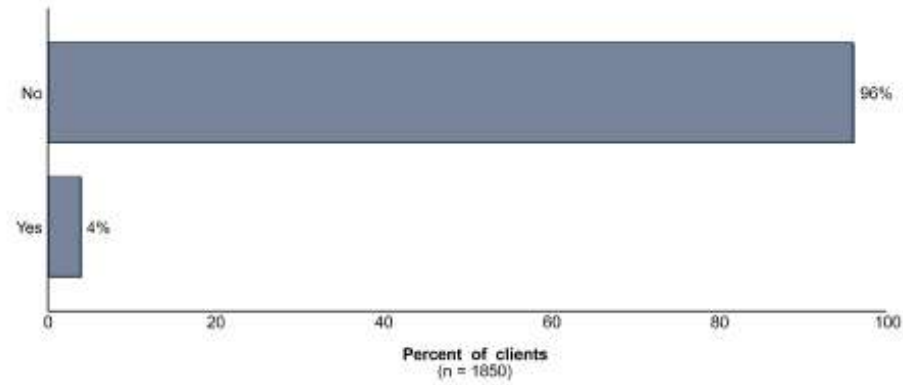
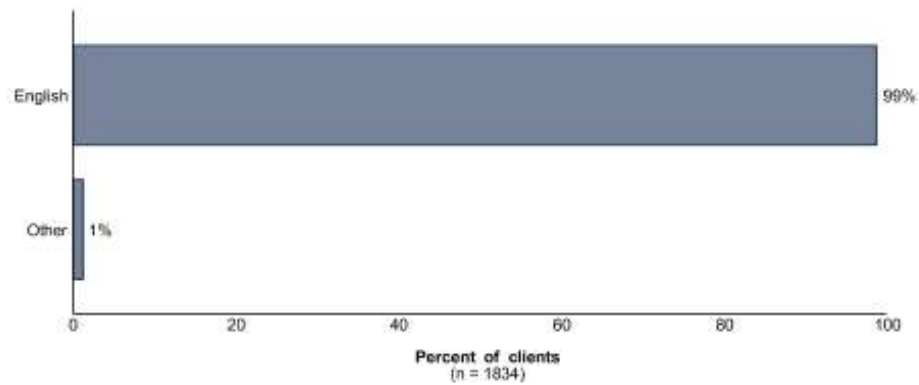
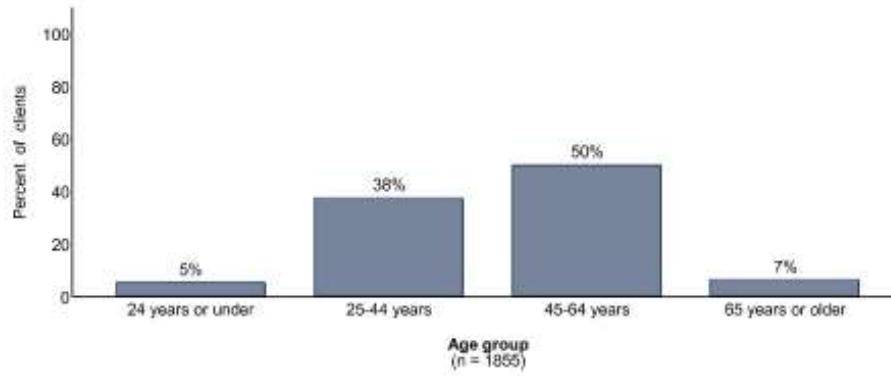


Figure A10. *Primary Language*



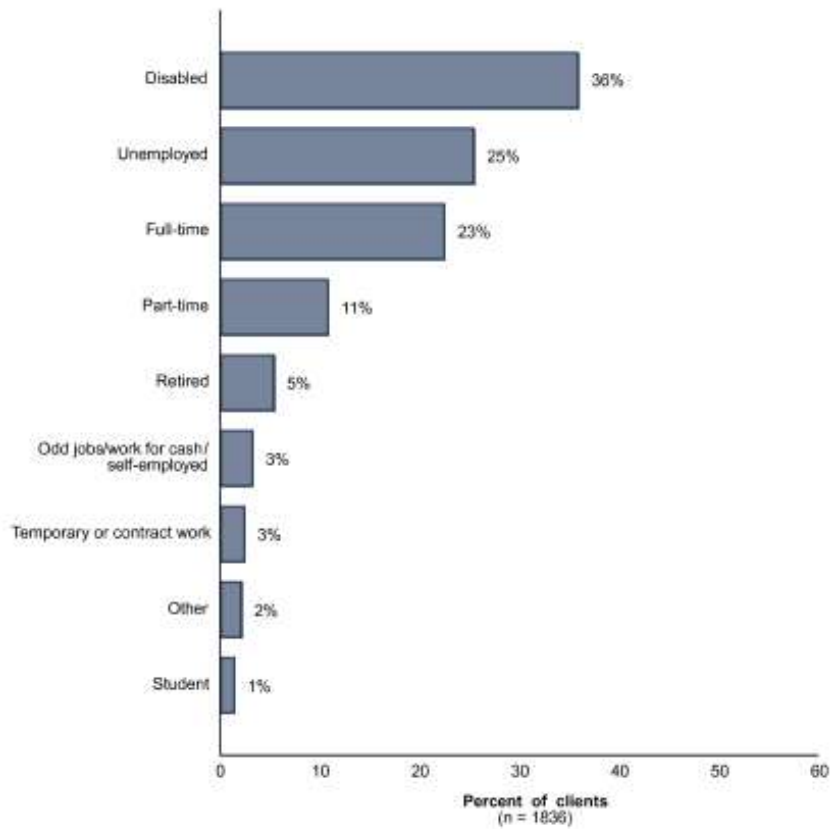
- The category *other* includes 5 individuals who specifically chose *other* (0.3%), along with 17 individuals who selected *Spanish* (0.9%).

Figure A11. Age of Respondents



EMPLOYMENT

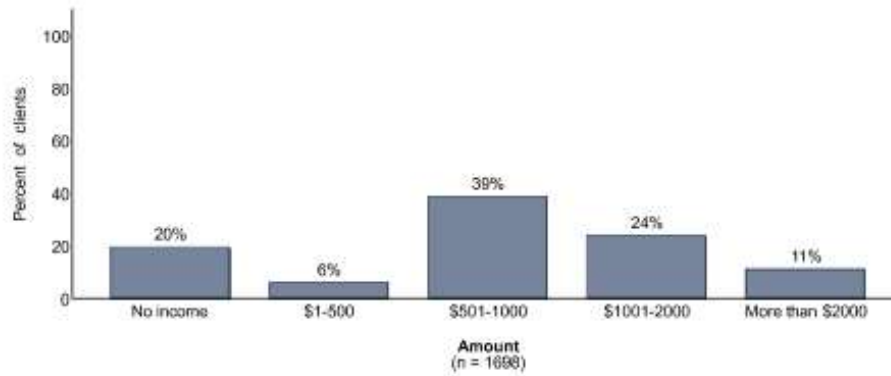
Figure A12. Employment Status



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,836 individuals who responded to this question, 160 (8.7%) reported two or more categories of employment.

INCOME

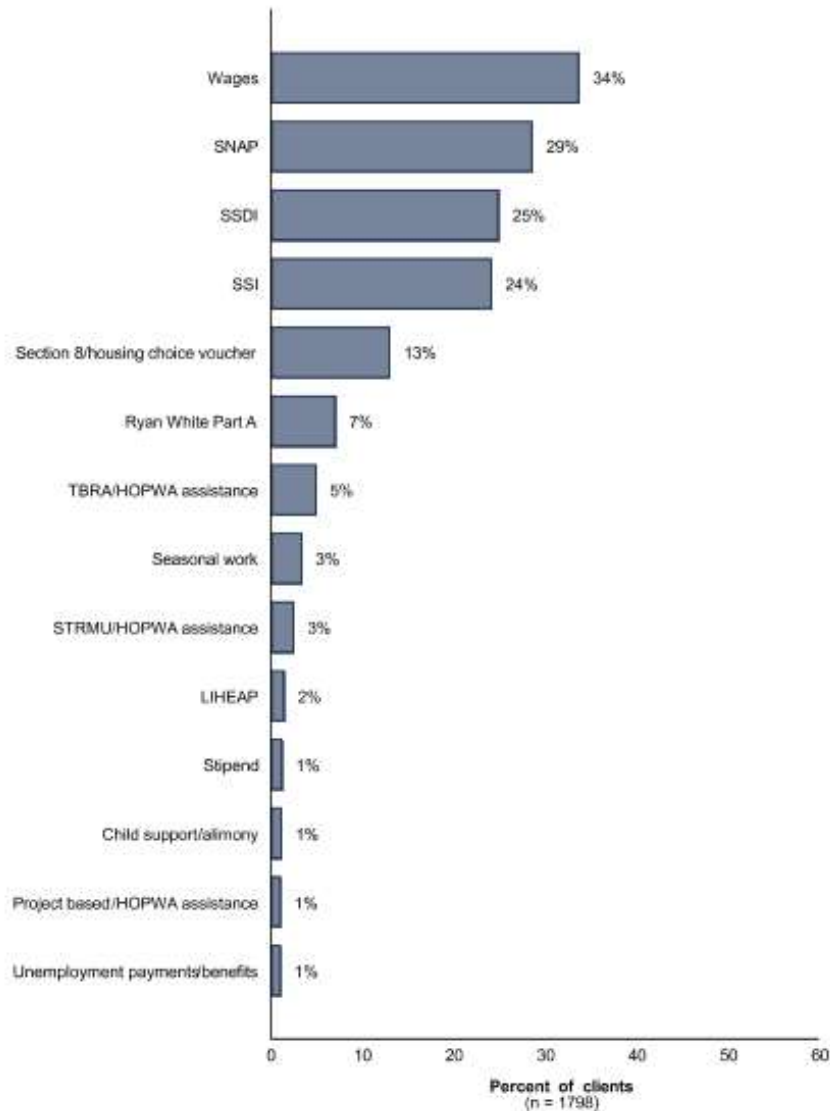
Figure A13. Household Income in Month Prior to Survey



- Included in calculations and presented in this figure are 42 outliers reported by 72 respondents in the *More than \$2,000* category. The reported monthly incomes for these 72 respondents range from \$3,800 to \$125,000.

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Figure A14. Sources of Income and Assistance



- Included in calculations but not presented in this figure are 356 individuals (19.8%) who selected *I didn't receive any wages, financial assistance, or housing assistance in the last six months*, 13 individuals (0.7%) who reported receiving TANF, 5 individuals (0.3%) who reported receiving FEMA assistance, and 3 individuals (0.2%) who reported receiving veteran's housing.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,798 individuals who responded to this question, 339 (18.9%) reported receiving two or more forms of income and assistance.

HOUSING

Figure A15. Housing at the Time of Survey and 6 Months Prior to Survey

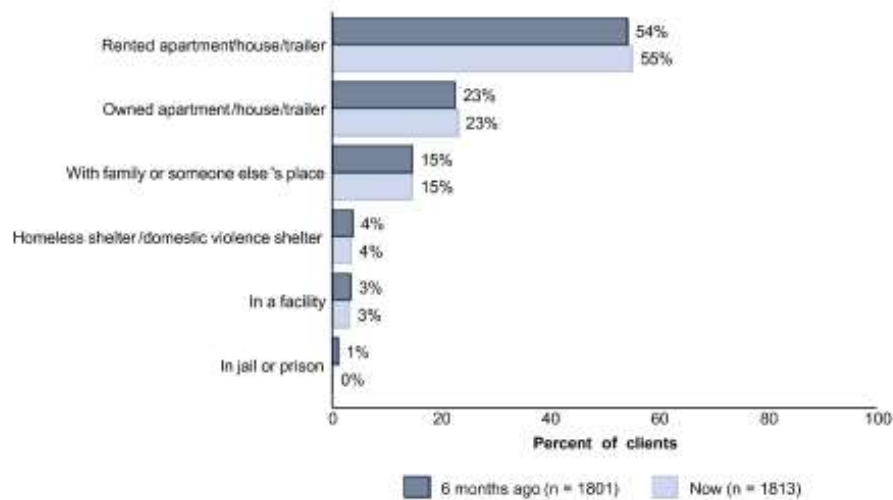
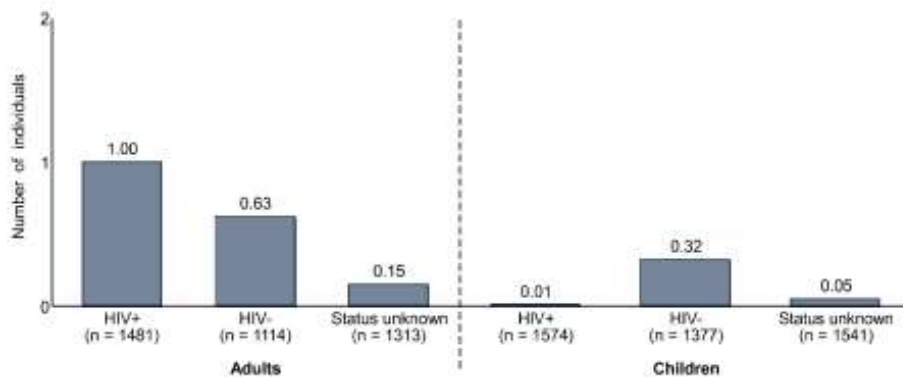


Figure A16. Average Number of Adults and Children in Household by HIV Status



- All clients who responded to the questions on HIV status of children in the household are included in this figure; of the 1,415 individuals who responded to the question *how many children (under age 18) live in your household*, 1,107 (78.2%) indicated 0 children.

Figure A17. Number of Bedrooms in Respondents' Residences

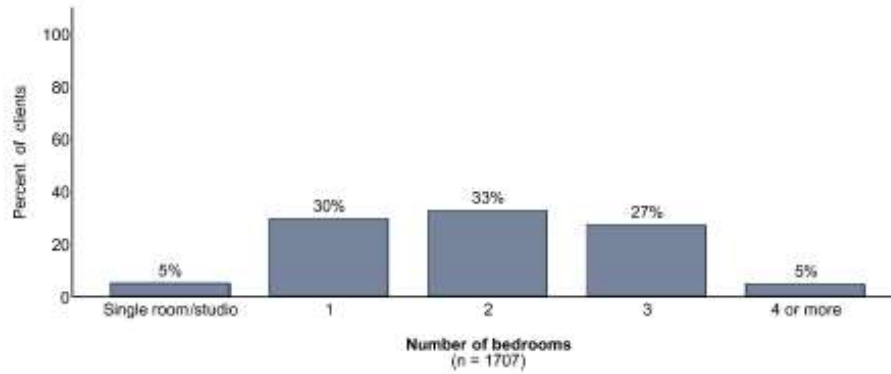


Figure A18. Length of Time at Current Residence

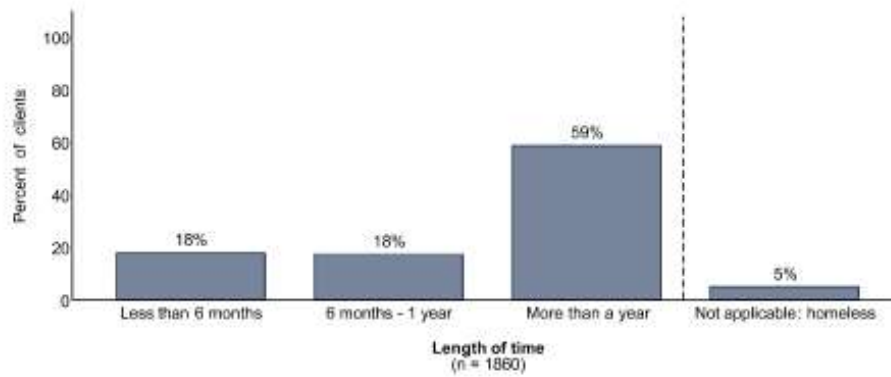


Figure A19. Nights Spent Homeless or Without a Place to Sleep in the Last 12 Months

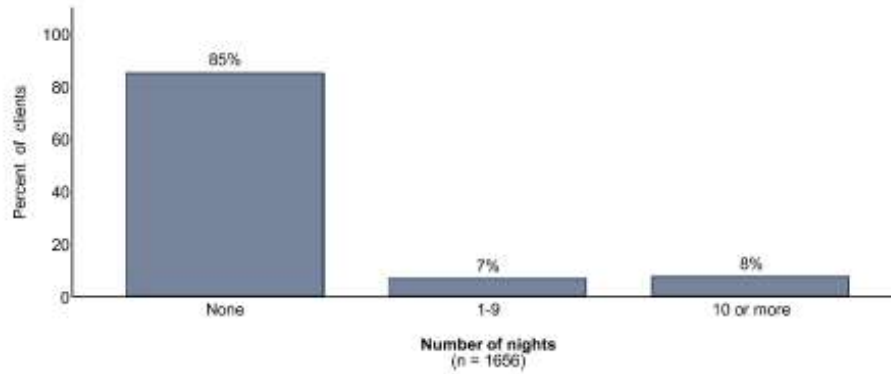
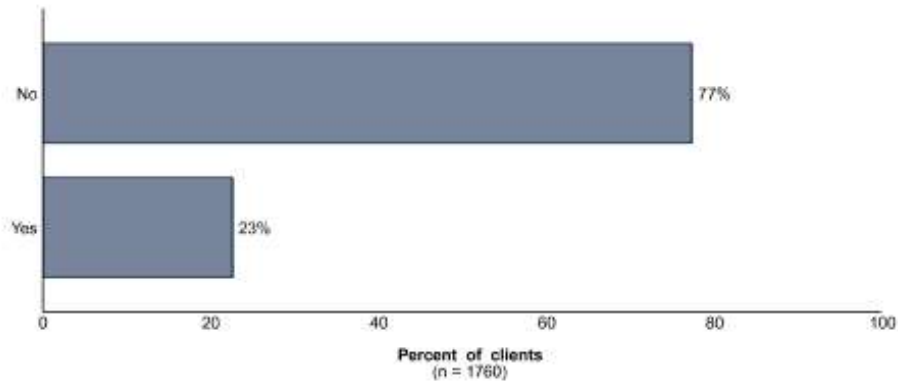
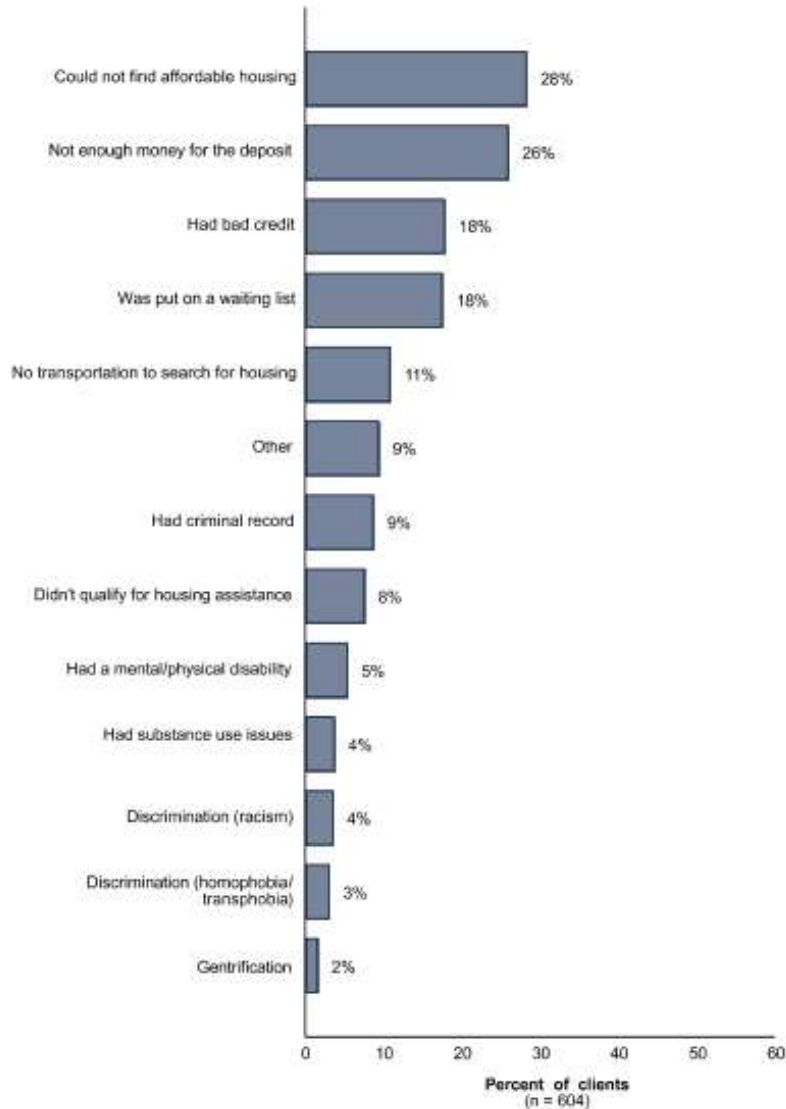


Figure A20. Had Trouble Obtaining Housing in the Last 12 Months



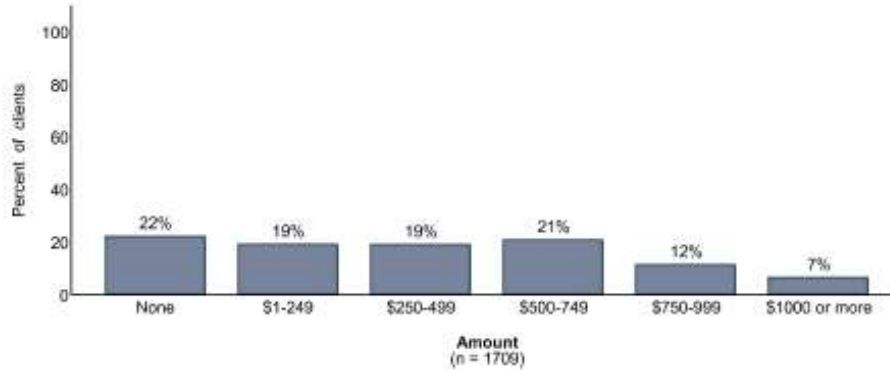
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Figure A21. Barriers to Obtaining or Remaining in Housing



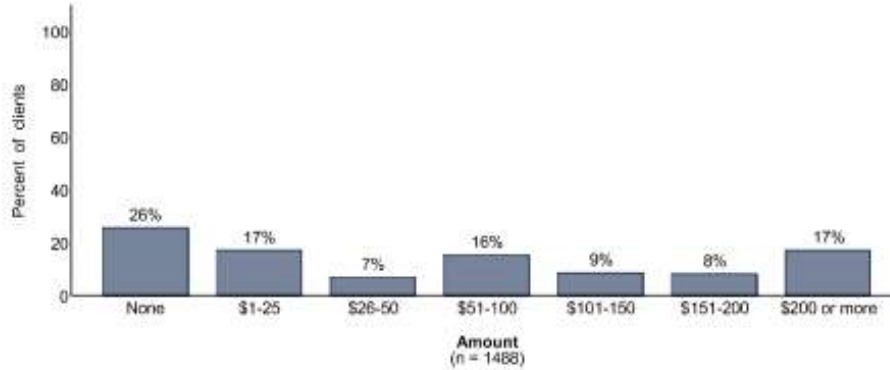
- Included in calculations but not presented in this figure are 235 individuals (38.9%) who selected *I did not have any problems*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 604 individuals who responded to this question, 202 (33.4%) reported experiencing two or more barriers to obtaining housing.

Figure A22. Rent/Mortgage Contribution Paid "Out-of-Pocket"



- Included in calculations and presented in this figure are six outliers reported by six respondents in the \$1,000 or more category. The reported "out-of-pocket" rent/mortgage contribution for these respondents ranged from \$2,400 to \$37,500.
- Of the 1,327 individuals who reported that they do contribute to their rent/mortgage, 1,302 responded to a question about utilities. Out of these 1,302 individuals, out-of-pocket rent/mortgage payments included water (46.2%), garbage (28.4%), electric (42.7%), gas (23.0%), or no utilities (42.1%). An additional 96 individuals responded to a question about utilities but did not identify their monetary out-of-pocket rent/mortgage contribution. Out of these 96 individuals, out-of-pocket rent/mortgage payments included water (34.4%), garbage (17.7%), electric (34.4%), gas (27.1%), or no utilities (53.1%).

Figure A23. Increase per Month in Rent/Mortgage That Would Cause Respondents to Move



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Figure A24. Had to Move Because Could No Longer Afford Home

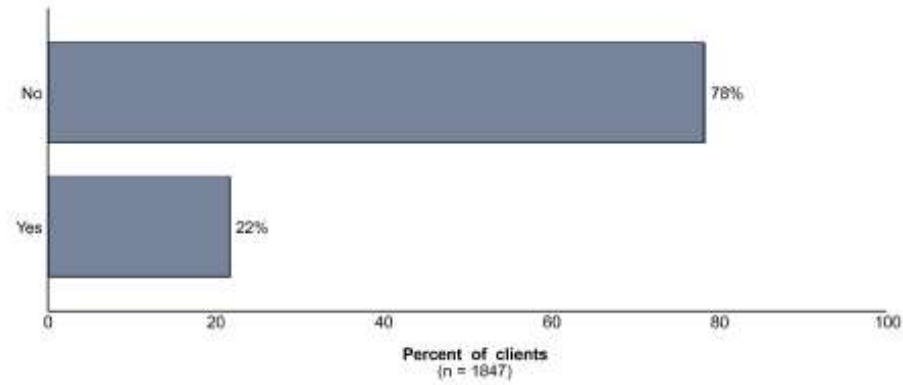


Figure A25. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Last 12 Months

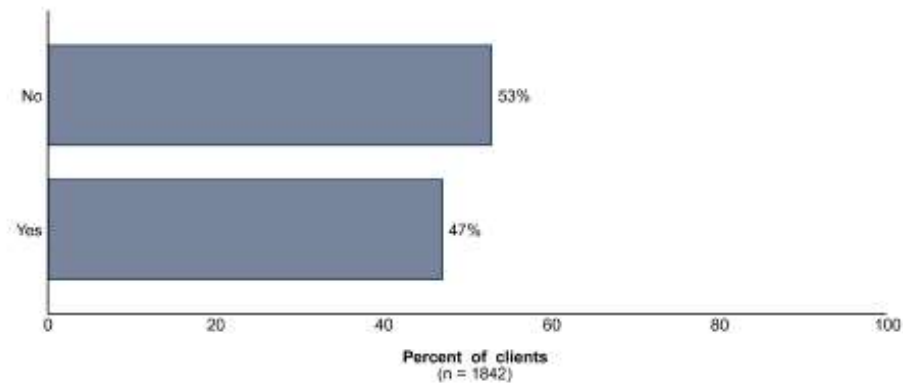
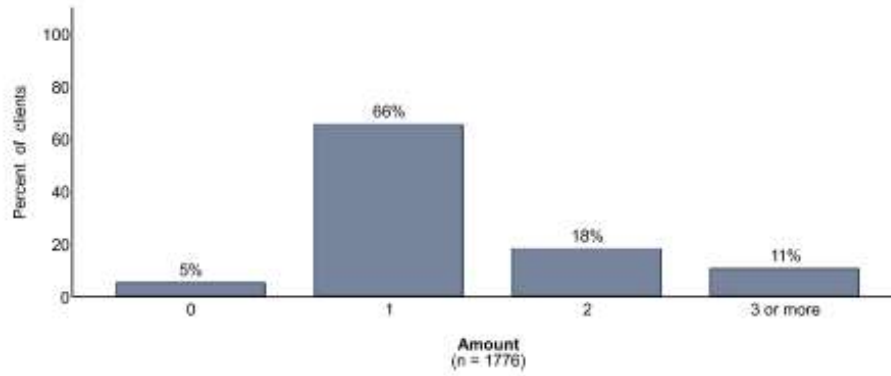


Figure A26. Number of Places Lived in Last 12 Months



SECTION B. MEDICAL CARE

HEALTH INSURANCE AND MEDICAL COVERAGE

Figure B1. Health Insurance Status

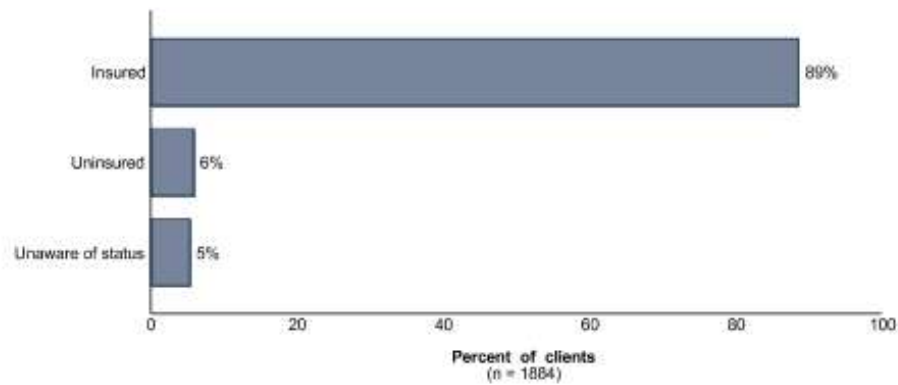
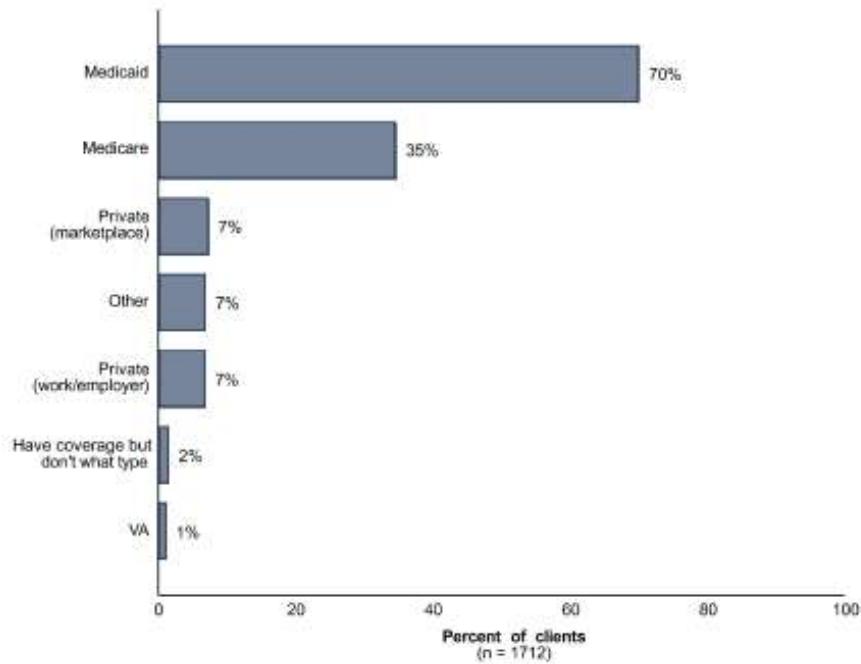
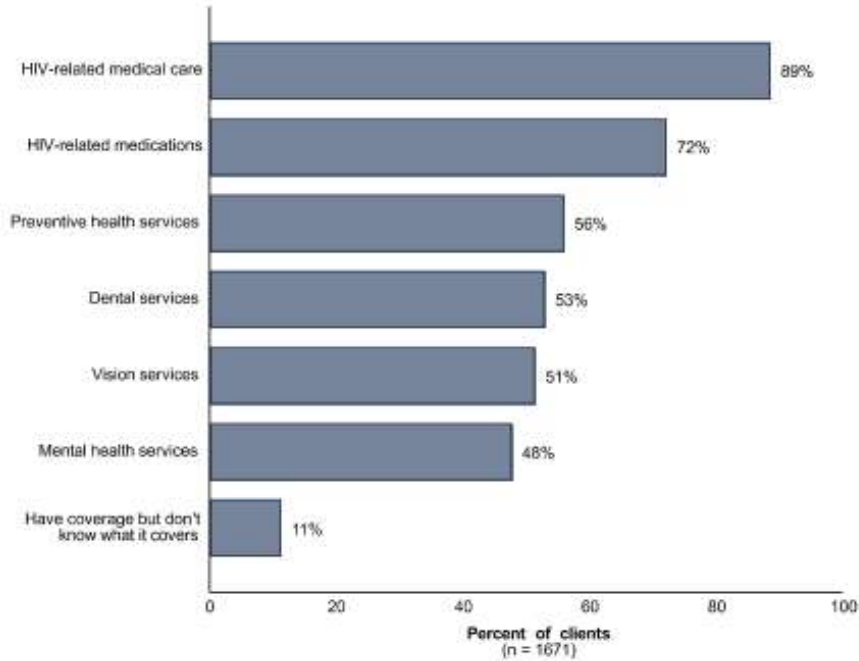


Figure B2: Sources of Health Insurance



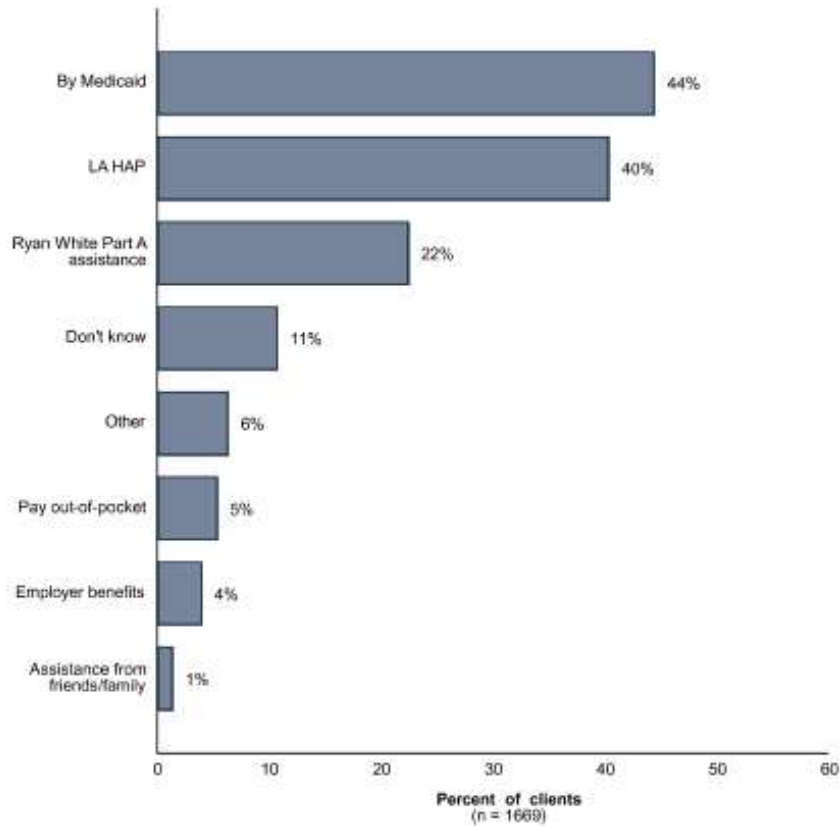
- Included in calculations but not presented in this figure are 13 individuals (0.8%) who selected *private plan through parent or spouse*, 9 individuals (0.5%) who selected *COBRA* (i.e., continuation of insurance paid through last employer), and 7 individuals (0.4%) who selected *TRICARE* or other military health care.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,712 individuals who responded to this question, 451 (26.3%) reported having two or more sources of health insurance.

Figure B3. Health Insurance Coverage



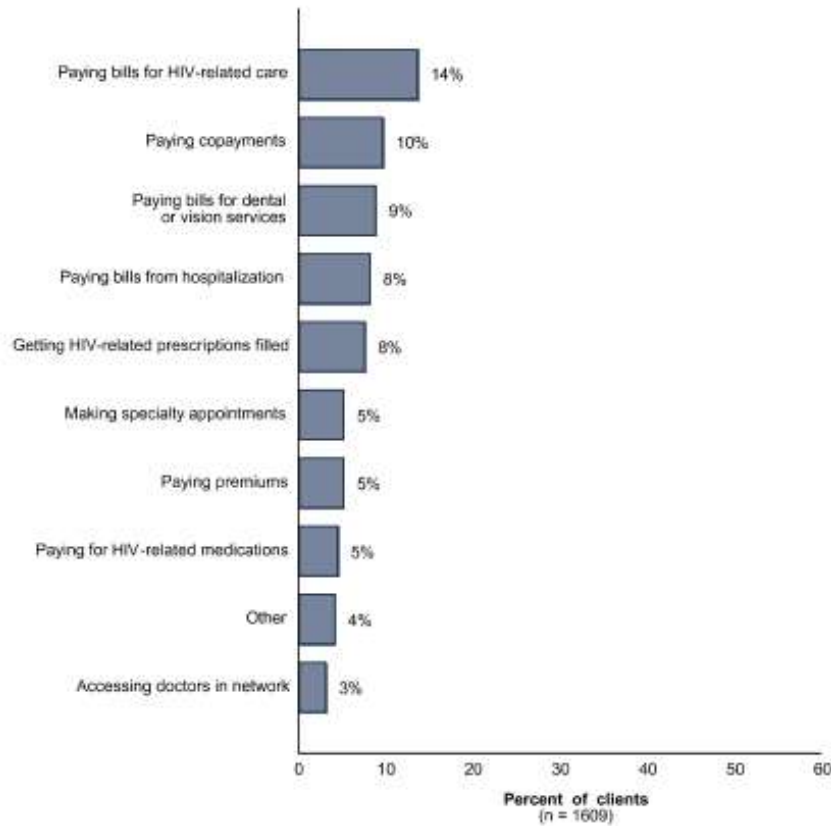
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,671 individuals who responded to this question, 1,362 (81.5%) reported having health insurance coverage for two or more types of medical services.

Figure B4. Method of Payment for Monthly/Quarterly/Semiannual Insurance Premium



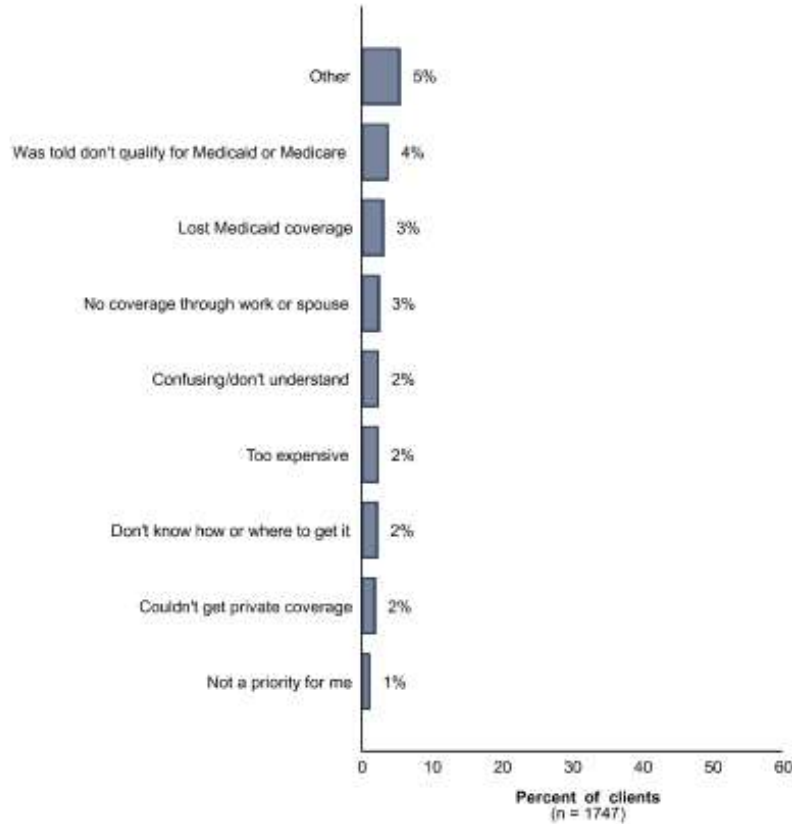
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,669 individuals who responded to this question, 448 (26.8%) reported two or more methods of payment for premiums.

Figure 85. Problems Encountered with Health Insurance



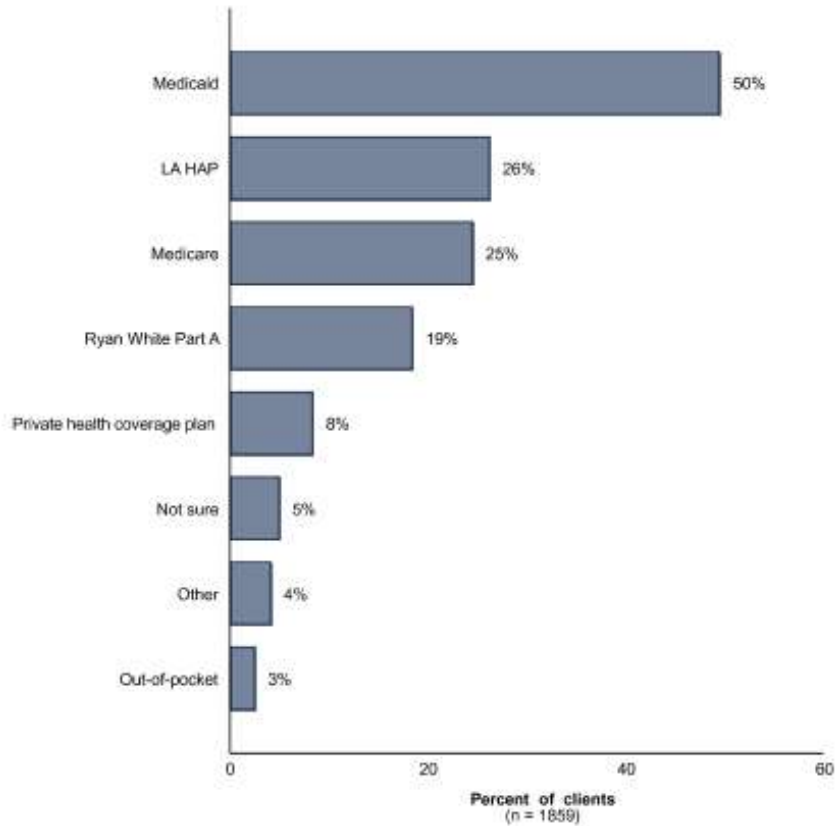
- Included in calculations but not presented in this figure are 1,034 individuals (64.3%) who selected *None of these. I haven't had any problems with my insurance or health care plan(s).*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,609 individuals who responded to this question, 251 (15.6%) reported two or more problems.

Figure B6. Barriers to Obtaining HIV-Related Health Insurance Coverage



- Notably, 1,388 individuals (79.5%) selected *not applicable: I've had consistent HIV-related health coverage for the past 12 months*; these individuals are included in calculations but not presented in this figure. Also included in calculations but not presented in this figure are 16 individuals (0.9%) who selected *lost plan because the premium was not paid on time*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,747 individuals who responded to this question, 63 (3.6%) reported two or more barriers.

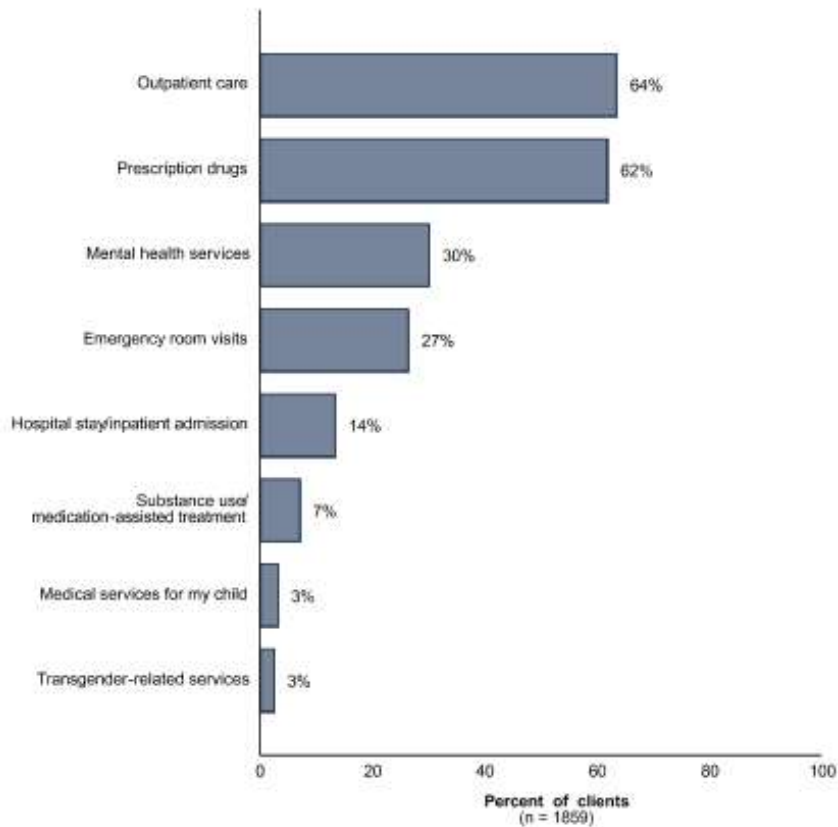
Figure B7. Method of Payment for HIV-Related Medications



- Included in calculations but not presented in this figure are 162 individuals (8.7%) who selected *not applicable: I haven't been prescribed any medications*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of 1,859 individuals who responded to this question, 638 (34.3%) reported two or more methods of payment.

MEDICAL SERVICES

Figure B8. Medical Services Needed in the Past 12 Months



- Included in calculations but not presented in this figure are 267 individuals (14.4%) who selected *I did not need any of these services* and 17 individuals (0.9%) who selected *maternity and newborn care*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,859 individuals who responded to this question, 1,131 (60.8%) reported a need for two or more services.

SECTION C. HEALTH AND HEALTH BEHAVIORS

OVERALL HEALTH

Figure C1. Overall Health

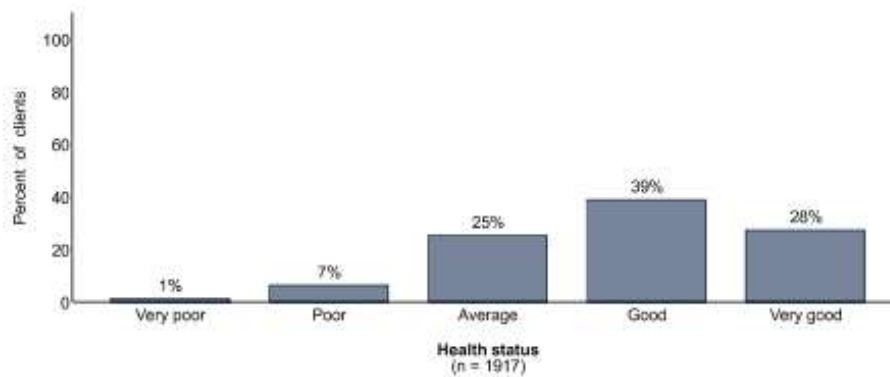


Figure C2. Current Viral Load

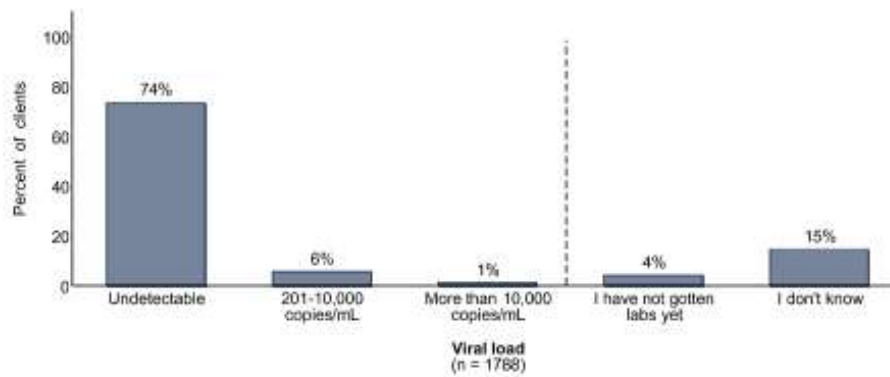
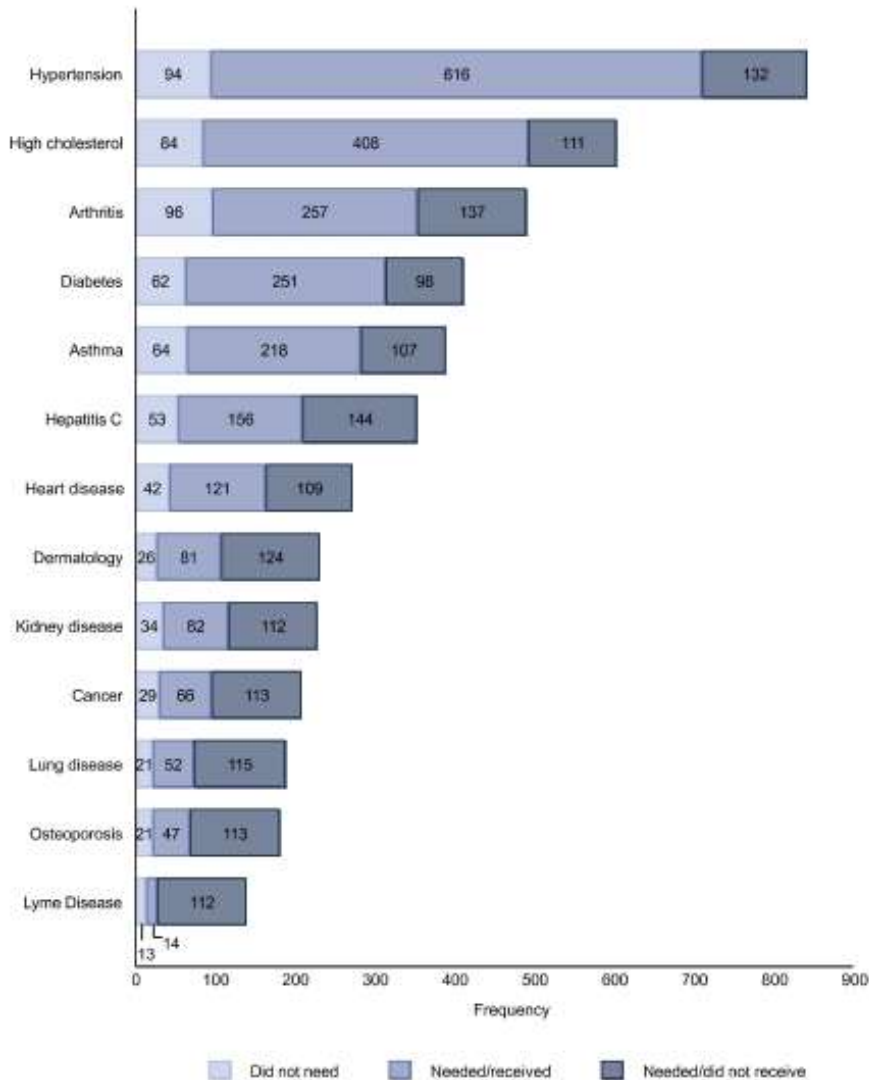


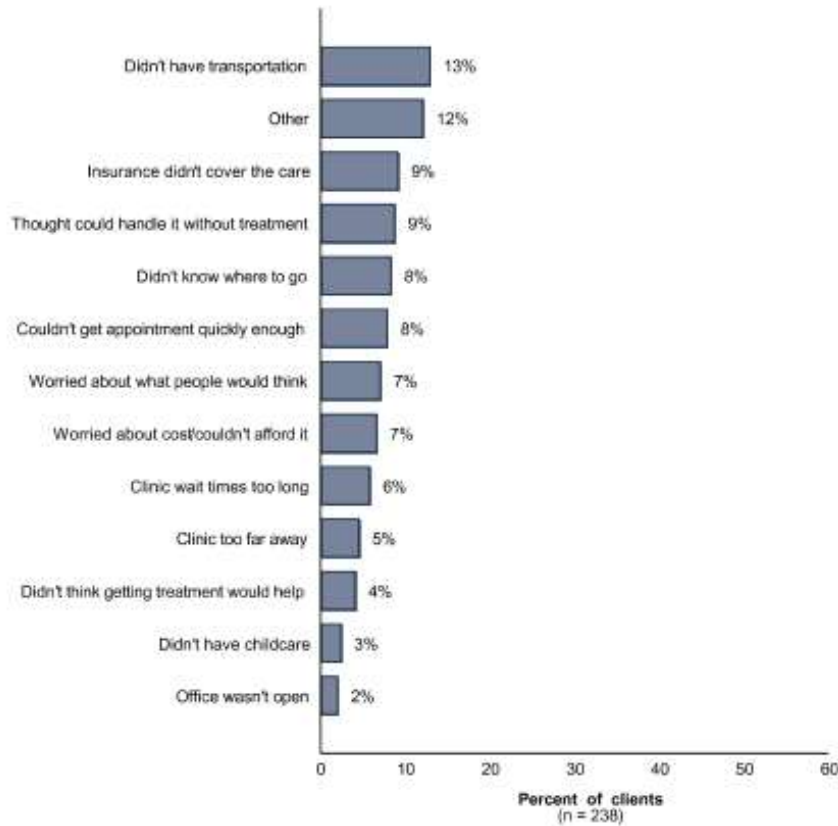
Figure C3. Medical Diagnoses



- Included in calculations but not presented in this figure are 140 individuals who indicated that they were diagnosed with some other medical condition, of which 33 did not need treatment, 92 needed/received treatment, and 15 needed/did not receive treatment. Fifty-four individuals indicated a second 'other' medical condition, of which 19 did not need treatment, 26 needed/received treatment, and 9 needed/did not receive treatment. Twenty-six individuals indicated being diagnosed with a third 'other' medical condition, of which 13 did not need treatment, 12 needed/received treatment, and 1 needed/did not receive treatment.
- Nine hundred and fifty respondents reported two or more medical diagnoses.

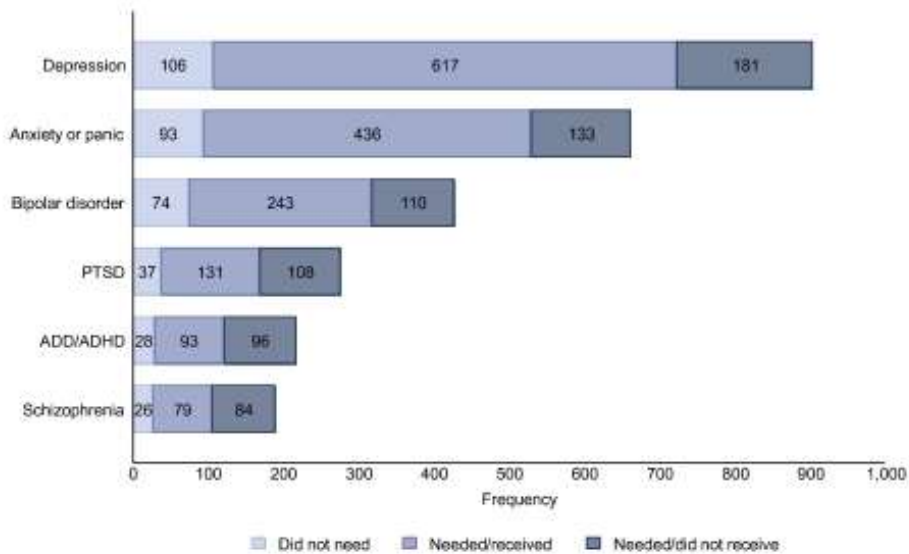
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Figure C4. Reasons Didn't Receive Needed Medical Care



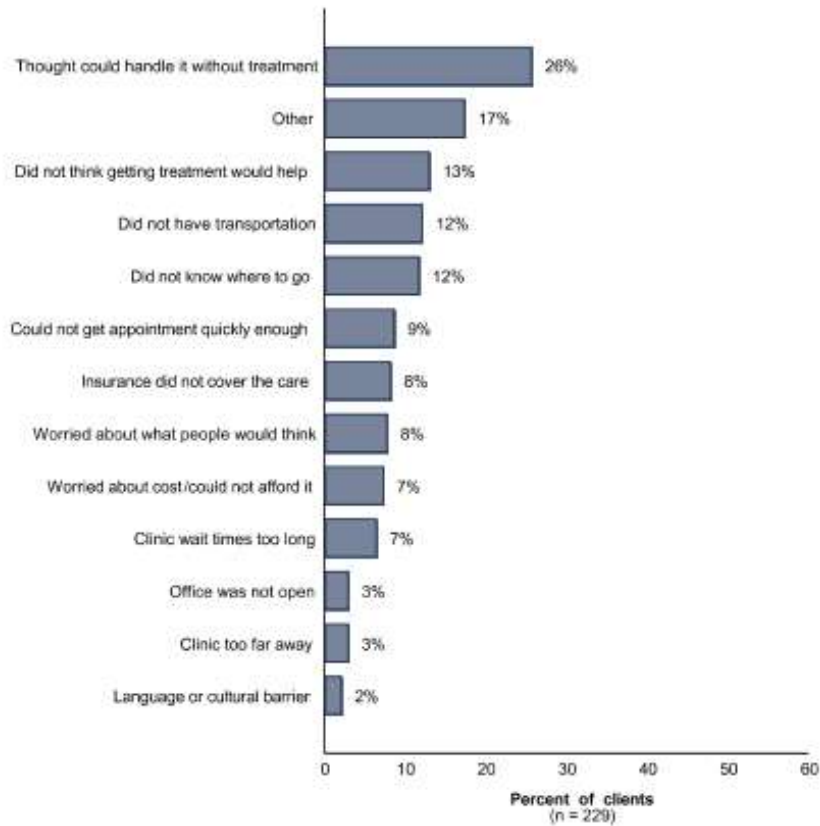
- Included in calculations but not presented in this figure are 101 individuals (42.4%) who selected *not applicable, I did receive the needed medical care* and 2 individuals (0.8%) who selected *I had a language or cultural barrier*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 238 individuals who responded to this question, 42 (17.6%) selected two or more reasons.

Figure C5. Mental Health Diagnoses



- Included in calculations but not presented in this figure are 36 individuals who indicated that they were diagnosed with some other mental health condition, of which 10 did not need treatment, 22 needed/received treatment, and 4 needed/did not receive treatment. Ten individuals indicated a second 'other' mental health condition, of which 3 did not need treatment, 6 needed/received treatment, and 1 needed/did not receive treatment. Twelve individuals indicated being diagnosed with a third 'other' mental health condition, of which 7 did not need treatment, 4 needed/received treatment, and 1 needed/did not receive treatment.
- Seven hundred and twenty-one respondents reported two or more mental health diagnoses.

Figure C6. Reasons Didn't Receive Needed Mental Health Care



- Included in calculations but not presented in this figure are 61 individuals (26.6%) who selected *not applicable, I did receive the needed medical care* and 1 individual (0.4%) who selected *didn't have childcare*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 229 individuals who responded to this question, 64 (27.9%) selected two or more reasons.

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Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks

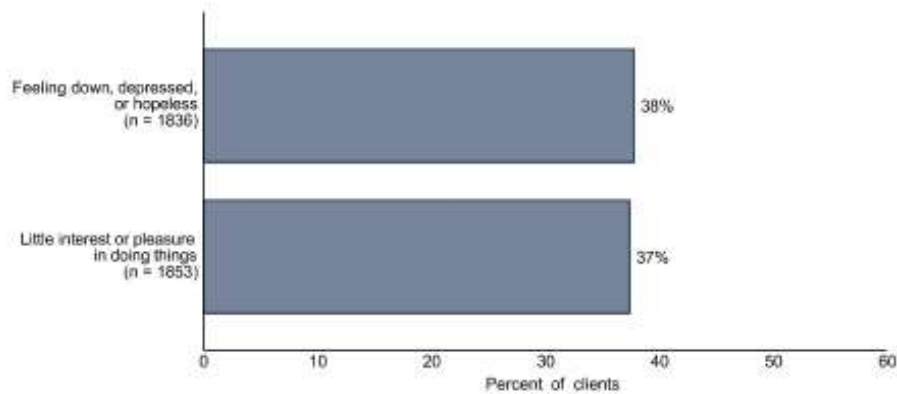
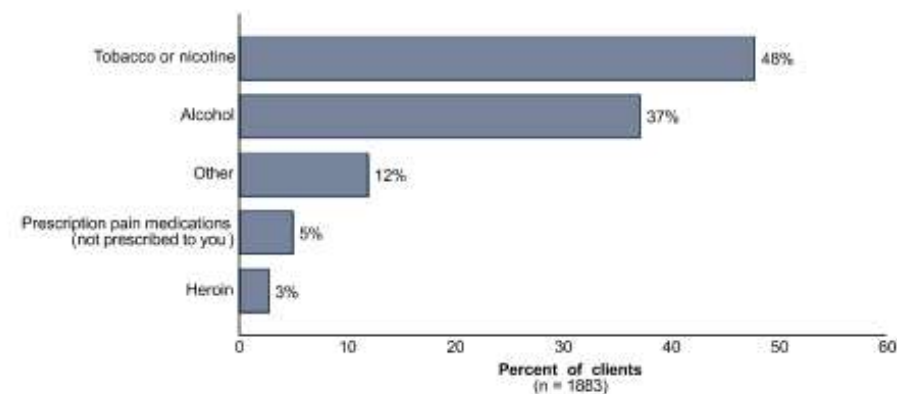


Figure C8. Self-Reported Substance Use in Past 12 Months



- Included in calculations but not presented in this figure are 589 individuals (31.3%) who selected *I haven't used any of these in the past 12 months*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,883 respondents who indicated they used at least one of these substances, 521 (27.7%) reported using two or more substances.

HEALTH SEEKING BEHAVIOR

Figure C9. HIV-Related Medical Care Visits in Past 12 Months

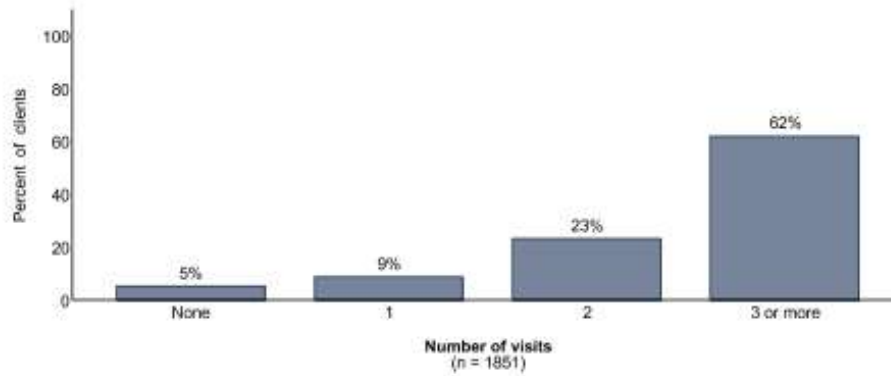


Figure C10. Places Where Respondent Regularly Receives Medical Care, Including HIV-Related Care

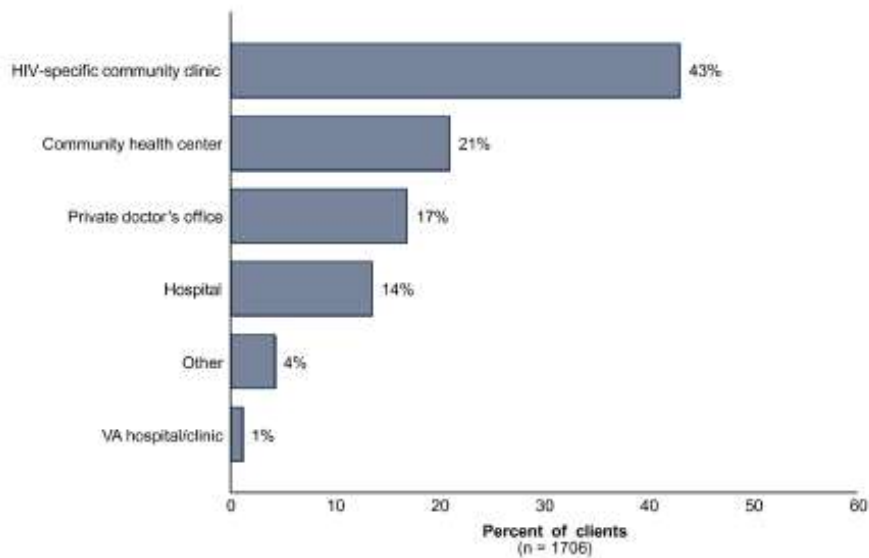
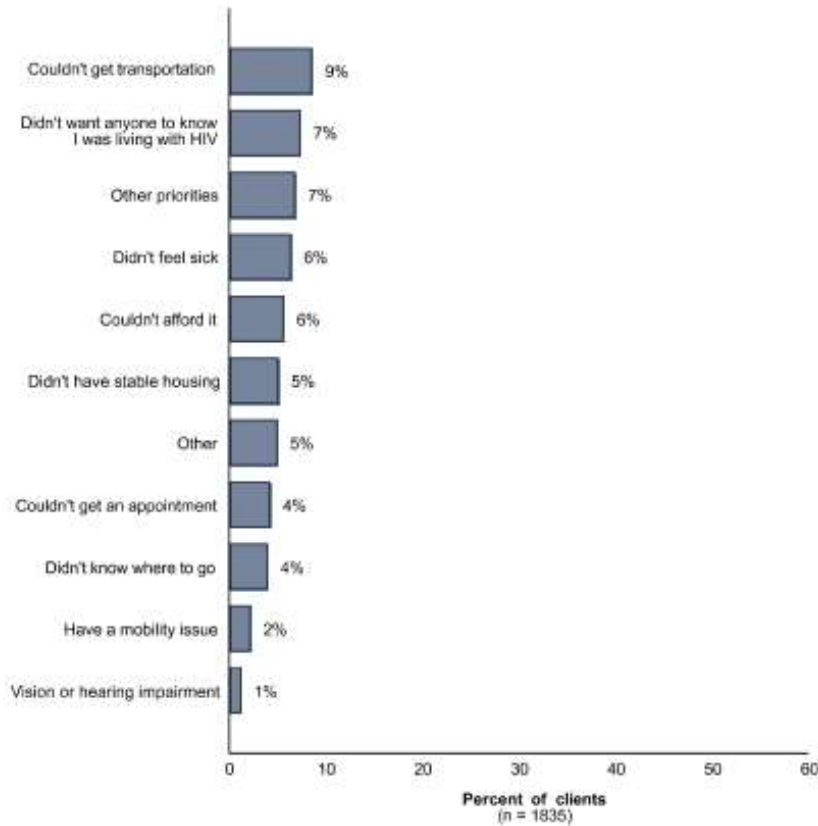
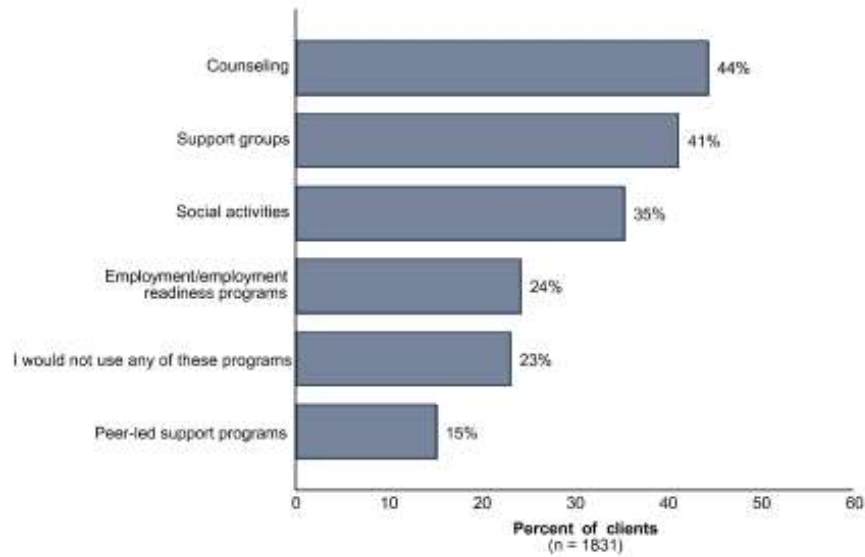


Figure C11. Barriers to Receiving Needed Medical Care



- Included in calculations but not presented in this figure are 1,117 individuals (60.9%) who selected *not applicable: I haven't had to go without any needed medical care*, 9 individuals (0.5%) who selected *I had a language or cultural barrier*, and 7 individuals (0.4%) who selected *I couldn't get childcare*.
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,835 individuals who responded to this question, 198 (10.8%) selected two or more barriers.

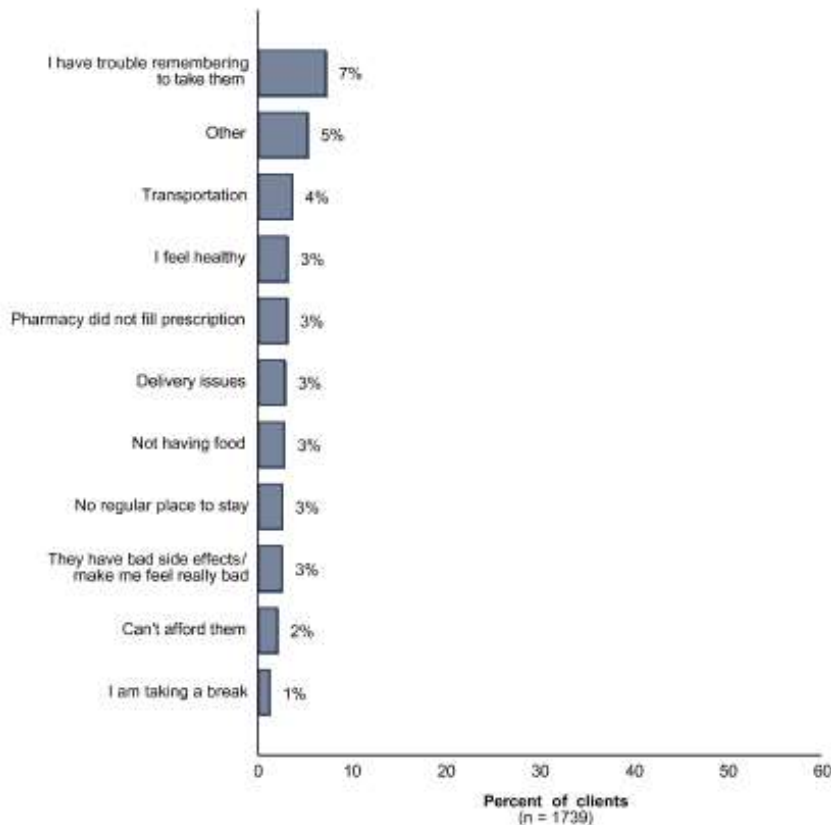
Figure C12. Interest in Psychosocial Support



- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,831 individuals who responded to this question, 797 (43.5%) expressed interest in two or more types of support.

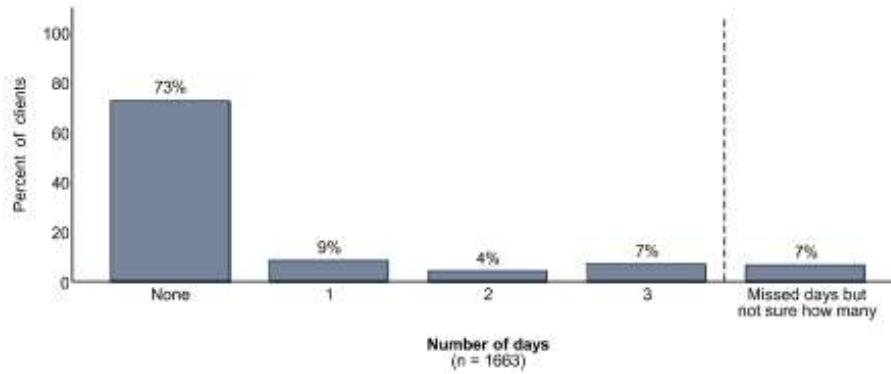
HIV MEDICATION AND MEDICAL ADHERENCE

Figure C13. Reasons for Not Taking HIV Medication in the Past 12 Months



- During the NO EMA data cleaning process, PRG noted a relatively high percentage of inconsistent responses to questions 16 and 17 of the questionnaire. After reviewing the other write-in responses, we determined that another response option should have been provided: *none of these. I have taken my HIV medications as prescribed for the past 12 months.* This response option was subsequently added to the BR TGA and Regions III through IX instruments prior to data collection. Included in calculations but not presented in this figure are 707 individuals (55.8%) who either: 1) selected *none of these. I have taken my HIV medications as prescribed for the past 12 months* in BR TGA and Regions III through IX, or 2) responded *other* and wrote in a variation of this response in NO EMA and were recoded to this category. Also included in calculations but not presented in this figure are 569 individuals (32.7%) who selected *not applicable: I haven't been prescribed any medications.*
- Also included in calculations but not presented in the figure are 15 individuals (0.9%) who selected *hours pharmacy is open.*
- Since respondents were permitted to select more than one category, the sum of all categories may exceed 100%. Out of the 1,266 individuals who responded to this question, 119 (9.4%) selected two or more reasons.

Figure C14. Number of Days Missed in Last Three Days



- Respondents were subsequently asked to estimate the percentage of doses missed in the last three days. Of the 112 respondents who indicated that they missed days but were not sure how many (and provided a response to the subsequent question), 9 indicated *not applicable*, 69 reported 0-25%, 15 reported 26-50%, 11 reported 51-75%, and 8 reported 76-100%.

SECTION D. NEED AND USE OF SERVICES

Figure D1. Need and Receipt of Core Medical Services

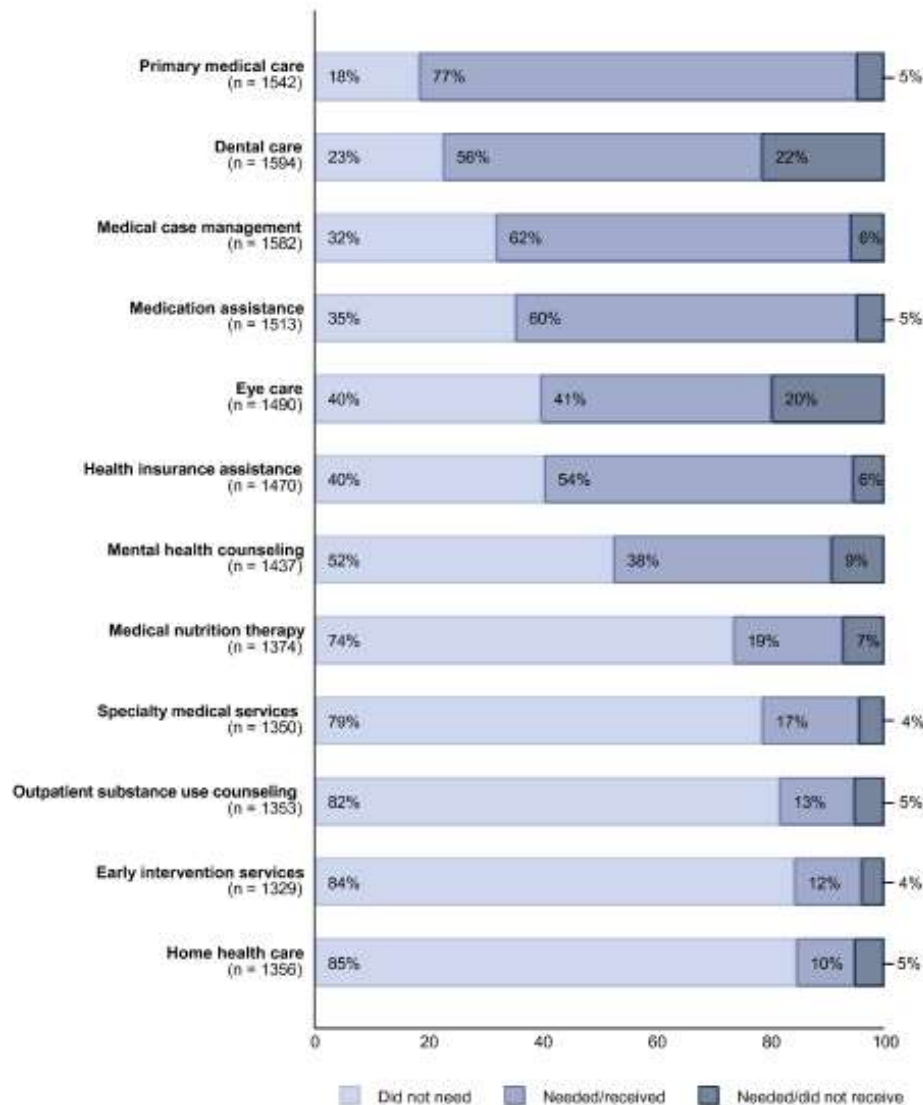


Figure D2: Need and Receipt of Support Services

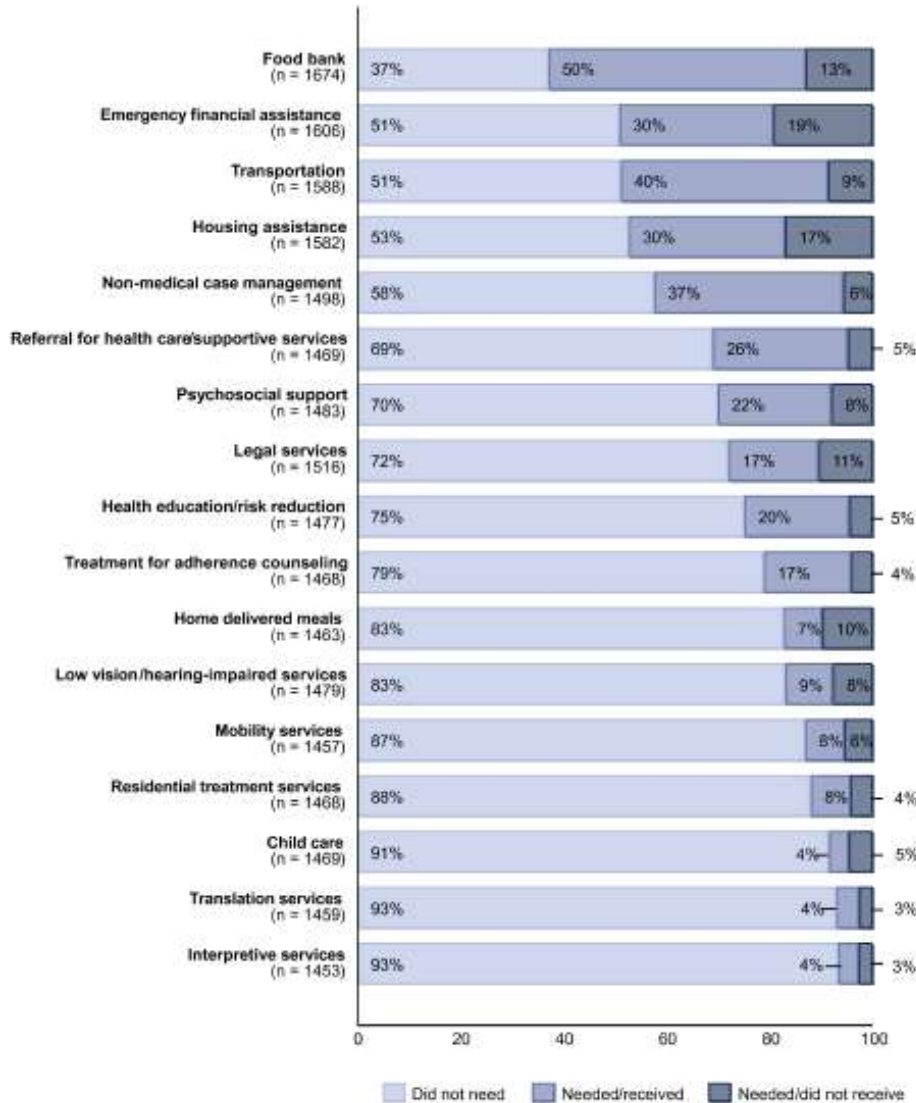
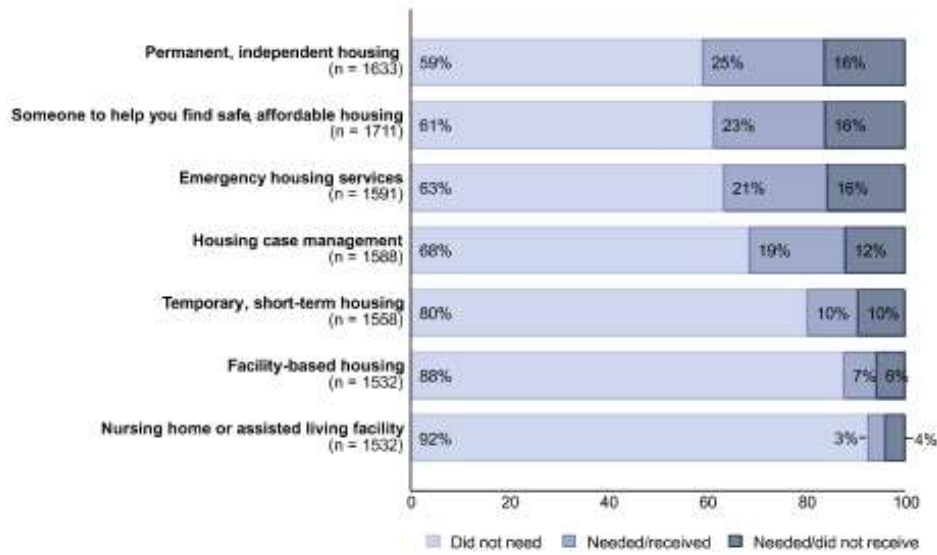


Figure D3. Need and Receipt of Housing Services



SECTION E. INFORMATION ABOUT SURVEY ADMINISTRATION

Figure E1. Agree or Disagree: I Would Feel Comfortable Using a Tablet or Computer to Take This Survey

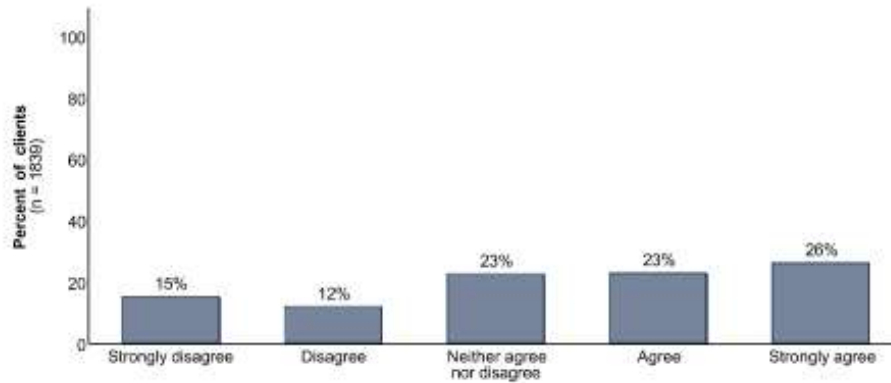
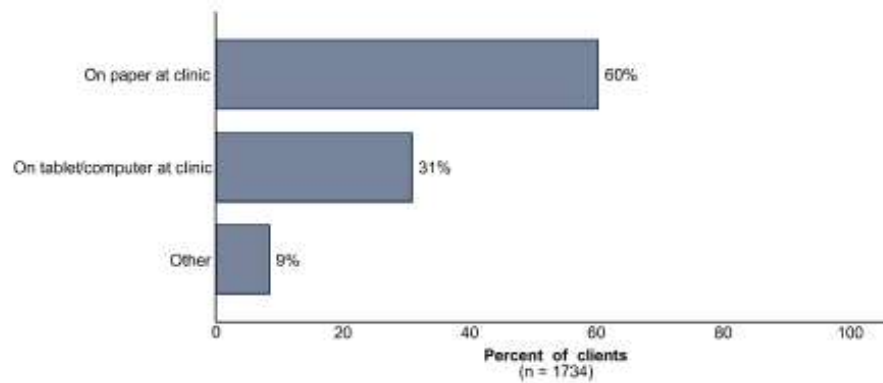


Figure E2. Preference on Questionnaire Mode of Administration



APPENDIX A. RANKED NEEDS AND GAPS

Table A.1. Services Ranked by Need

Ranking	Service	Total responses (n)	Number who needed service	Percent who needed service
1	Primary medical care	1,542	1,259	82%
2	Dental care	1,594	1,234	77%
3	Medical case management	1,582	1,078	68%
4	Medication assistance	1,513	980	65%
5	Food bank	1,674	1,053	63%
6	Eye care (vision services)	1,490	899	60%
7	Health insurance assistance	1,470	877	60%
8	Emergency financial assistance	1,606	790	49%
9	Transportation	1,588	777	49%
10	Mental health counseling or therapy	1,437	683	48%
11	Housing assistance	1,582	749	47%
12	Non-medical case management	1,498	636	42%
13	Permanent, independent housing (your own apartment or house)	1,633	669	41%
14	Someone to help you find safe and affordable housing	1,711	663	39%
15	Emergency housing services (money for utilities, rent, or mortgage)	1,591	584	37%
16	Housing case management	1,588	501	32%
17	Referral for health care/supportive services	1,469	457	31%
18	Psychosocial support	1,483	446	30%
19	Legal Services	1,516	425	28%
20	Medical nutrition therapy	1,374	364	26%
21	Health education/risk reduction	1,477	368	25%
22	Specialty medical services	1,350	290	21%
23	Treatment adherence counseling	1,468	311	21%
24	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	1,558	308	20%
25	(Outpatient) Substance use counseling or therapy	1,353	249	18%
26	Home-delivered meals	1,463	253	17%
27	Low vision/hearing-impaired services	1,479	251	17%
28	Early intervention services (EIS)	1,329	210	16%
29	Home health care	1,356	209	15%
30	Mobility services	1,457	192	13%
31	Facility-based housing/group home	1,532	190	12%
32	Residential treatment services	1,468	177	12%
33	Childcare	1,469	125	9%
34	Nursing home or assisted living facility	1,532	115	8%
35	Translation services	1,459	103	7%
36	Interpretive services	1,453	98	7%

- This table presents core medical, supportive, and housing services ranked by need in the last 12 months.
- Total responses (n) represents the number of respondents who answered each question about service needs. Those who responded *needed and received* or *needed but did not receive* are included in the *Number who needed service* and *Percent who needed service* columns.

Table A.2. Services Ranked by Gap

Ranking	Service	Total responses (n)	Number who needed service, but didn't receive it	Percent who needed service, but didn't receive it
1	Dental care	1,594	343	22%
2	Eye care (vision services)	1,490	295	20%
3	Emergency financial assistance	1,606	310	19%
4	Housing assistance	1,582	270	17%
5	Permanent, independent housing (your own apartment or house)	1,633	267	16%
6	Someone to help you find safe and affordable housing	1,711	278	16%
7	Emergency housing services (money for utilities, rent, or mortgage)	1,591	251	16%
8	Food bank	1,674	218	13%
9	Housing case management	1,588	193	12%
10	Legal services	1,516	160	11%
11	Home-delivered meals	1,463	144	10%
12	Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	1,558	149	10%
13	Mental health counseling or therapy	1,437	134	9%
14	Transportation	1,588	138	9%
15	Psychosocial support	1,483	120	8%
16	Low vision/hearing-impaired services	1,479	115	8%
17	Medical nutrition therapy	1,374	100	7%
18	Medical case management	1,582	94	6%
19	Facility-based housing/group home	1,532	89	6%
20	Non-medical case management	1,498	86	6%
21	Mobility services	1,457	81	6%
22	Health insurance assistance	1,470	81	6%
23	(Outpatient) Substance use counseling or therapy	1,353	72	5%
24	Home health care	1,356	71	5%
25	Referral for health care/supportive services	1,469	72	5%
26	Medication assistance	1,513	74	5%
27	Primary medical care	1,542	75	5%
28	Childcare	1,469	69	5%
29	Health education/risk reduction	1,477	68	5%
30	Specialty medical services	1,350	60	4%
31	Residential treatment services	1,468	64	4%
32	Treatment adherence counseling	1,468	62	4%
33	Nursing home or assisted living facility	1,532	62	4%
34	Early intervention services (EIS)	1,329	53	4%
35	Interpretive services	1,453	40	3%
36	Translation services	1,459	39	3%

- This table presents core medical, supportive, and housing services ranked by gaps experienced in the last 12 months.
- *Total responses (n)* represents the number of respondents who answered each question about service needs. Included in the table are those who responded to the question about whether they *needed*, *received*, or *needed but did not receive*. The second and third column represent individuals who responded *needed but did not receive*.
- Because there is variation in *n*, the percentages do not accurately reflect how gaps in services compare (i.e., the percentages do not capture which services have the largest gaps). Therefore, gaps are ranked by frequency of gaps, or the number of respondents reporting they needed a service but did not receive it.

APPENDIX B. METHODS

To collect data for the *2019 Louisiana Needs Assessment*, a convenience sample survey on the current care service needs of PLWH was conducted with clients of HIV/AIDS services in services in the NO EMA, the BR TGA and Regions III through IX. The survey was conducted at 26 agencies that provide HIV/AIDS-related medical care and services using a self-administered questionnaire.

Clients from the NO EMA were eligible to take the survey from July 29 to September 27, 2019. Survey administration was managed by the *New Orleans Regional AIDS Planning Council* (NORAPC). As an incentive for participation, clients who participated in the survey were offered a raffle ticket for a chance to win one of three *Amazon Kindle* tablets or one of five \$100 *Walmart* gift cards. Peer survey administrators promoted the *2019 Louisiana Needs Assessment* at local agencies and in the community, assisted clients in completing the questionnaire, and distributed and documented raffle tickets.

Clients from the BR TGA were eligible to take the survey from October 8, 2019 to January 3, 2020. Survey administration was managed by the *Baton Rouge Ryan White Program* (Ryan White). As an incentive for participation, clients who participated in the survey were offered \$10 *Walmart* gift cards. Agency staff promoted the *2019 Louisiana Needs Assessment* in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Clients from Regions III through IX were eligible to take the survey from November 5 to December 31, 2019. Survey administration was managed by OPH SHP. As incentives for their participation, clients from Regions III through IX were given a \$20 *Walmart* gift card. Site representatives promoted the *2019 Needs Assessment* at their local sites and in the community, assisted clients in completing the questionnaire, and distributed and documented gift cards.

Below, we describe the instrument, sample, and procedures used in this assessment.

INSTRUMENT

The *2019 Louisiana Needs Assessment* questionnaire is an adaptation of the statewide *2017 Louisiana Needs Assessment* questionnaire, based on feedback from OPH SHP, NORAPC, and the *Office of Health Planning and AIDS Funding*.

The questionnaire comprises the following seven sections: Health Insurance, Medical Care, HIV Medication, Needed Services, Housing, General Information, and Income. The instrument has a total of 50 primary questions within 14 pages. Questions are mostly closed-ended, including multiple-selection, dichotomous, and select-all-that-apply response options. Some questions include an *other* category so that clients can write in a unique response if the available categorical response options are not comprehensive enough. Based on field-testing of the instrument, the questionnaire is expected to take 20 to 35 minutes to complete.

The instrument distributed in Regions III through IX can be found in Appendix C. Although the NO EMA, BR TGA, and Regions III through IX instruments were nearly identical, each instrument included the distinct, respective administration date ranges and incentive information on the cover page. In addition, three items on the questionnaire were updated after the NO EMA administration in an effort to improve the instrument.

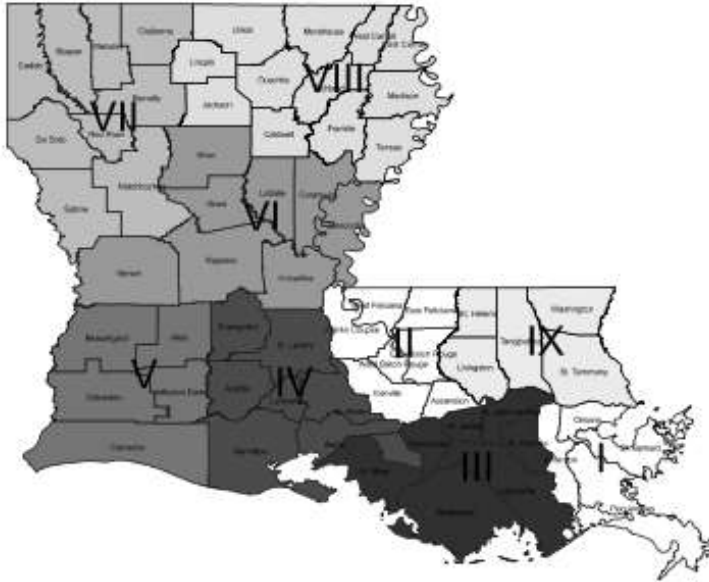
These changes were made to the instruments prior to the BR TGA and Regions III through IX administrations.¹ For a copy of the respective instruments, please see the *2019 People Living with HIV Needs Assessment* for the NO EMA and the BR TGA.

SAMPLE

Ryan White funding structures were used to support the administration of the *2019 Louisiana Needs Assessment*. OPH specified a convenience sampling method in the initial Request for Proposal. For the NO EMA, NORAPC determined that the desired sample size would be 865 people, stratified by site. The NO EMA includes all parishes in Region I (Orleans, St. Bernard, Plaquemines, and Jefferson), three parishes from Region III (St. Charles, St. John the Baptist, and St. James) and one parish from Region IX (St. Tammany). For the BR TGA, OPH SHP determined that the desired sample size would be 550 people. The BR TGA includes all parishes in Region II (East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana, and Iberville), one parish from Region III (Ascension), and two parishes from Region IX (Livingston and St. Helena). In Regions III through IX, OPH SHP determined that the desired sample size would be 885 people, stratified by region. Figure B.1 provides a map of these regions.

¹ During the NO EMA data cleaning process, PRG noted a relatively high percentage of inconsistent responses to questions 16 and 17 of the questionnaire. After reviewing the other write-in responses, it was determined that another response option should have been provided for question 16: *none of these. I have taken my HIV medications as prescribed for the past 12 months.* Furthermore, PRG noted a high percentage of 'missing' responses to question 13. After conferring with OPH, PRG added the additional response option to question 16 and the following instructions on page 5 of the instrument: "If you are unsure what we mean by any terms in this section, please see the Needs Assessment Definitions page" and, "If you are unsure what we mean by health coverage, please see the first section of the Needs Assessment Definitions page." These updates were finalized on October 8, 2019.

Figure B.1. Map of Louisiana Administrative Regions



The survey used convenience sampling, which means that the sample is not considered representative of all PLWH in the state, but rather a subset of the population of PLWH who were asked to participate and responded to the questionnaire. Any PLWH who walked into any one of the participating agencies and was at least 18 years old during the administration period was eligible to complete the 2019 Louisiana Needs Assessment questionnaire. NORAPC, Ryan White, and OPH SHP staff were in regular communication with each local agency during survey administration to review progress toward meeting the targeted sample.

PARTNERS

The *2019 Louisiana Needs Assessment* was conducted with the cooperation of 26 agencies across the state. Sites were responsible for distributing questionnaires and incentives to clients and tracking the distribution of incentives. A partner list is provided on page ii of this report.

During the NO EMA survey administration, peer survey administrators were assigned to work in each partner agency; their role was to manage administration of questionnaires and distribution of raffle tickets, as well as serve as the point of contact during data collection for NORAPC. Peer survey administrators were selected based on responses to applications submitted. Preference was given to those with previous experience administering questionnaires as well as their ability to reach clients. The peer survey administrators' responsibilities included promoting the *2019 Louisiana Needs Assessment* at their local agency and in the community, helping clients complete the questionnaires, collecting all questionnaires, and distributing and documenting raffle tickets. Peer survey administrators received a stipend from NORAPC for their time and effort.

During the BR TGA survey administration period, partner agency staff were responsible for distributing questionnaires and gift cards; they also served as the point of contact during data collection for *Ryan White*. Additional responsibilities included promoting the *2019 Louisiana Needs Assessment* in their local communities, administering and assisting clients in completing the questionnaire, and collecting and submitting all completed questionnaires.

During the Regions III through IX survey administration period, site representatives were designated at each partner site to serve as the primary contacts for the *2019 Needs Assessment*; their role was to manage administration of questionnaires and distribution of gift cards. The site representatives' responsibilities included promoting the *2019 Needs Assessment* at their local site and in the community, helping clients complete the survey, collecting all surveys, distributing and documenting gift cards, and mailing completed questionnaires to PRG on a weekly basis.

ADMINISTRATION

For the NO EMA needs assessment, all materials necessary to begin collecting data, including questionnaires and raffle tickets, were provided by NORAPC to the partner sites. For the BR TGA needs assessment, all data collection materials were provided by *Ryan White* to the partner sites. For Regions III through IX, OPH SHP provided data collection materials, including questionnaires and incentives, to the participating sites. Each site was provided with the specific number of questionnaires needed to reach their target.

During the data collection period, each client who visited a participating agency was offered the chance to complete the *2019 Louisiana Needs Assessment*; participation was completely voluntary. Representatives at each site asked clients whether they would be willing to take an anonymous questionnaire about the service and care needs. Each client who agreed to participate was given survey materials, including the paper version of the questionnaire, instructions, a clipboard, and a pen. The instruction sheet explained the purpose of the *2019 Louisiana Needs Assessment*, how long it would take to complete the questionnaire, that participation was completely voluntary, details about the incentive, and a reminder that clients could only complete one questionnaire.

The questionnaire was completed by the client at the designated agencies. Clients were assured that the survey was completely anonymous, that their responses would not be used to identify them, and that the information collected would be used only for planning purposes. For clients requiring assistance with the questionnaire, partner agency staff read each question and marked the corresponding response.

Once clients completed the questionnaire, they were given an incentive as a gesture of appreciation. Completed surveys were placed in secure envelopes and dropped off or mailed to PRG weekly.

DATA ENTRY AND CLEANING

Data entry began as soon as the questionnaires were received by PRG. Questionnaires were counted, marked with a unique ID number, and grouped into stacks of ten by agency. Each questionnaire in a stack was entered into an online *Qualtrics* data form that was created by PRG.² Once a stack was entered, 10% were randomly chosen, and responses on the paper instruments were compared with the corresponding data in the data set. If any errors were found in the first 10% data check, a subsequent 10% data check was completed. To ensure data accuracy, this process continued until no errors were found in a 10% data check, or all questionnaires in a stack were checked. Once all questionnaires were entered and cleaned, they were converted to Stata 15.1.

DATA PREPARATION

Responses to all questions were tabulated and corresponding figures and tables were created to depict the distribution of responses. The total number of people who responded to each question (*n*) is reported for each figure. However, the reported *n* varies throughout the report. Respondents were excluded from analyses if (1) they did not provide an answer to a particular question, (2) they provided multiple responses to a particular question in which only one response was permitted, (3) they did not belong to the subpopulation of respondents to which the question pertained, or (4) they provided conflicting information (e.g., indicated they had not used drugs and also named drugs they had used). Details on data preparation can be found in Table B1 and B2.

As previously mentioned, some questions allowed individuals to respond *other* if they felt that their situation was not represented by the given answers. PRG reviewed responses to all questions with an *other* response. For each particular question, if over 20% of respondents in BR TGA selected *other*, we report any response written in by more than one respondent below the appropriate figure. The responses are presented from most to least common. It should be noted that not all persons who responded *other* provided write-in responses. In addition, where applicable, if an individual responded *other* and provided a write-in response that fell into one of the existing response option categories, the response was recoded to the appropriate category and the individual was not represented in the *other* category.

For bar charts, if the response percentage to a category was less than one percent, the category was retained in the calculation, but was either omitted from the figure or included in the *other* category percentage. In these cases, a note was included below the appropriate figure describing the distribution. For all questions, any category with zero responses was omitted from figures and noted below the figure.

For this report, two tables were generated that ranked services needed and services in which respondents reported a gap (i.e., needed the service but did not receive it). For Table A.1, ranking was determined by the total number of respondents who provided a response that they either *needed and received* or *needed but did not receive* each service. For Table A.2, ranking was determined by the total number of respondents who provided a response that they *needed but did not receive* each service. In each table, the service with the highest number of respondents is ranked first, and the service with the lowest number of respondents is ranked last.

² PRG received 64 questionnaires from BR TGA that were missing two pages. Therefore, these individuals may not have had access to the definitions provided to other respondents (page 1) and may not have been offered the opportunity to provide final write-in comments (page 15); if any comments were provided by these respondents on page 15, they were not received by PRG or entered into the online *Qualtrics* data form.

DATA EDITING RULES

The following table provides PRG's general rules for editing data, based upon responses given.

Table B1. Data Editing Rules

Category	Data Editing Rule
No response given to an item (coded as .f)	If data from a related variable can be used to infer a value, data will be logically edited. Otherwise, the value will be left as missing.
Multiple responses to a particular question in which only one response was permitted (coded as .b)	PRG reviews multiple responses. If a single value can be inferred, data will be logically edited. Otherwise, the value will be left as missing.
Invalid items (coded as .k)	If invalid values are found, we attempt to ascertain whether they are a result of data entry error. For data that are hand-entered or scanned, this involves checking the paper questionnaire to see whether the recorded value is as reported by the respondent. If it is a result of a data entry error, the correct value is entered into the data set. If the data cannot be corrected, all values that are out of range are flagged as invalid and these values are recoded to missing.
Outlying items (Outlier indicator variable coded as 1)	Values identified as statistical outliers are kept in benchmark analysis; PRG either notes these responses or runs sensitivity analyses excluding outliers.
Inconsistent (coded as .i)	PRG inspects the data to identify inconsistencies, i.e., when the respondent provides conflicting information. If inconsistencies are identified, the values are flagged as inconsistent and recoded to missing.

VARIABLE DESCRIPTIONS AND EXPLANATION OF ANALYTIC SAMPLES

Included in the table below are descriptions of all figures and tables presented in this report. The table is broken down by the four main sections of the report: Background, Medical Care, Health and Health Behaviors, and Needs and Unmet Needs, and provides details on data sources and analysis for each figure. In some cases, we also describe how certain variables are constructed for analytic purposes. PRG staff systematically screen or review the variables used in analysis to identify inconsistencies; if pertinent, this screening process and the number of respondents excluded from each figure due to inconsistencies are detailed below.

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
Section A: Background		
HIV/AIDS Status		
Figure A1. Length of Time Living with HIV	Q37	Number included in calculation who report finding out about their HIV diagnosis.
Figure A2. Place Where Respondents Were Told of Their HIV Diagnosis	Q38	Percentage (categorical) of clients who select each response option.
HIV-Related Knowledge		
Figure A3. Sources of HIV Information	Q34	Percentage (categorical) of clients who select each of the response options.
Figure A4. Information Received on HIV Transmission and Related Issues in the Past Year	Q35	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>no, no one has explained any of these things to me in the last year</i> as well as one or more topics; 35 individuals were excluded.
Figure A5. Knows that HIV Undetectable = Untransmittable (U = U)	Q36	Percentage (categorical) of clients who select each response option.
Background Characteristics		
Figure A6. Map of Current Parish of Residence	Q39	Number of clients reporting living in each parish; color code based on sample representation.
Table A1. Current Parish of Residence	Q39	<p>All respondents were asked to indicate their ZIP code; a total of 1,813 provided a response. The U.S. Department of Housing and Urban Development United States Postal Services (HUD USPS) 1st quarter 2019 ZIP Code Crosswalk File (Retrieved November 19, 2019 from http://www.huduser.org/portal/datasets/usps_crosswalk.html) was used to determine the parish corresponding to each ZIP code. In addition, in some instances, ZIP codes cross county or parish lines (i.e., the same ZIP code is found in multiple counties). In order to address this problem, we assigned a county/parish to a ZIP code if that county accounted for the majority of the population residing in that ZIP code. Out of the 1,767 respondents for whom we designated a parish of residence, 329 provided ZIP codes that were contained in more than one parish; therefore, in these cases, the parish of residence may not be accurate.</p> <p>Included in calculations but not presented in the table are the less than 1% of individuals who indicated they reside in Acadia Parish, Allen Parish, Ascension Parish, Assumption Parish, Avoyelles Parish,</p>

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		Beauregard Parish, Caldwell Parish, Catahoula Parish, Concordia Parish, DeSoto Parish, East Carroll Parish, East Feliciana Parish, Evangeline Parish, Franklin Parish, Grant Parish, Iberia Parish, Iberville Parish, Jackson Parish, Jefferson Davis Parish, LaSalle Parish, Lincoln Parish, Livingston Parish, Madison Parish, Morehouse Parish, Natchitoches Parish, Plaquemines Parish, Pointe Coupee Parish, Red River Parish, Richland Parish, Sabine Parish, St. Bernard Parish, St. Charles Parish, St. Helena Parish, St. James Parish, St. John the Baptist Parish, St. Landry Parish, St. Martin Parish, St. Mary Parish, Union Parish, Vermilion Parish, Vernon Parish, Washington Parish, Webster Parish, West Baton Rouge Parish, West Feliciana Parish, and Winn Parish.
Figure A7. Gender of Respondents	Q40	Percentage (categorical) of clients who select each response option.
Figure A8. Race of Respondents	Q43	Percentage (categorical) of clients who select each of the response options. First, an index is constructed that sums how many races each respondent chose. Scores can range from 0 (none chosen) to 5 (all chosen). Next, one categorical variable constructed that includes categories for each race (alone) and for multiple races.
Figure A9. Latino/Latina/Latinx/Hispanic	Q44	Percentage (categorical) of clients who select each response option.
Figure A10. Primary Language	Q45	Percentage (categorical) of clients who select each response option.
Figure A11. Age of Respondents	Q42	Percentage of respondents who fall within each age range.
Employment		
Figure A12. Employment Status	Q48	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who report that they are unemployed as well as employed full-time or part-time; 1 individual was excluded.
Income		
Figure A13. Household Income in Month Prior to Survey	Q49	Percentage of respondents who fall within each income category. Excluded from calculations are individuals who reported they had no income and also reported a monthly income amount; 6 individuals were excluded.
Figure A14. Sources of Income and Assistance	Q50	Percentage (categorical) of clients who select each of the response options.
Housing		
Figure A15. Housing at the Time of Survey and 6 months Prior to Survey	Q22 (Now) Q23 (6 Months ago)	Percentage (categorical) of clients who select each response option. The questionnaire asked respondents to only select one housing option for each time point. If respondents lived in more than one place during either of these time periods, they were instructed to select the housing type where they lived most often.
Figure A16. Average Number of Adults and Children in Household by HIV Status	Q21	Mean number of adults and children in each of three categories. The questionnaire asks respondents how many adults and children live in the household and, of those, how many are living with HIV or don't know their HIV status. The HIV negative variable was constructed by subtracting the reported number of adults/children who are living with HIV or don't know their HIV status from the total number of adults/children reported living in the household. Excluded from

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		calculations are 116 adult and 10 children responses; the reported number of adults and/or children who are HIV+ or whose status is unknown did not match the total number of adults and/or children in the household.
Figure A17. Number of Bedrooms in Respondents' Residences	Q26	Percentage (categorical) of clients who report each number of bedrooms. Excluded from calculations are 129 individuals who selected <i>not applicable, I don't live in an apartment, house, or trailer</i> .
Figure A18. Length of Time at Current Residence	Q25	Percentage of clients who fall within each category.
Figure A19. Nights Spent Homeless or Without a Place to Sleep in the Last 12 Months	Q28	Percentage of clients who fall within each category.
Figure A20. Had Trouble Obtaining Housing in the Last 12 Months	Q27	Percentage (categorical) of clients who select each response option.
Figure A21. Barriers to Obtaining or Remaining in Housing	Q27a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected that they did not have any problems and then indicated that they had experienced at least one other problem; 13 individuals were excluded. Also excluded from calculations are respondents who respond inconsistently to Q27 and Q27a; 31 additional individuals were excluded for this reason.
Figure A22. Rent/Mortgage Contribution Paid "Out-of-Pocket"	Q29	Percentage of clients who fall within each range.
Figure A23. Increase Per Month in Rent/Mortgage that Would Cause Respondents to Move	Q31	Percentage of clients who fall within each range.
Figure A24. Had to Move Because Could No Longer Afford Home	Q32	Percentage (categorical) of clients who select each response option.
Figure A25. Had Difficulty in Paying Rent, Mortgage, or Utility Bills in Last 12 Months	Q33	Percentage (categorical) of clients who select each response option.
Figure A26. Number of Places Lived in Last 12 Months	Q24	Percentage of clients who fall within each category.
Section B: Medical Care		
Medical Costs and Health Insurance		
Figure B1. Health Insurance Status	Q13	Percentage (categorical) of clients who select each response option.
Figure B2. Sources of Health Insurance	Q13a	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous question, and then selected at least one type of insurance; 22 individuals were excluded.
Figure B3. Health Insurance Coverage	Q13b	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous questions, and then selected

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		at least one service their health insurance covers; 33 individuals were excluded.
Figure B4. Method of Payment for Monthly/Quarterly/Semiannual Insurance Premium	Q13c	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated they don't have any insurance in the previous questions, and then selected at least one method of payment; 38 individuals were excluded.
Figure B5. Problems Encountered with Health Insurance	Q13d	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who selected <i>None of these. I haven't had any problems with my insurance or health care plan(s).</i> , as well as at least one problem; 21 individuals were excluded.
Figure B6. Barriers to Obtaining HIV-related Health Coverage	Q14	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who indicated <i>not applicable: I've had consistent health coverage</i> and also selected a reason that they didn't have coverage; 9 individuals were excluded.
Figure B7. Method of Payment for HIV-Related Medications	Q15	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are respondents who select <i>not applicable: I haven't been prescribed any medications</i> and at least one method of payment; 14 individuals were excluded.
Medical Services		
Figure B8. Medical Services Needed in the Past 12 months	Q2	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who selected <i>I did not need any of these services</i> as well as at least one medical service; 12 individuals were excluded.
Section C: Health and Health Behaviors		
Overall Health		
Figure C1. Overall Health	Q1	Percentage (categorical) of clients who select each response option.
Figure C2. Current Viral Load	Q19	Percentage (categorical) of clients who select each response option.
Figure C3. Medical Diagnoses	Q9	For each medical condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed & received treatment, and needed & did not receive treatment.
Figure C4. Reasons Didn't Receive Needed Medical Care	Q10	Percentage (categorical) of clients who select each of the response options. Respondent must have indicated that they were diagnosed, needed treatment, and did not receive needed treatment for at least one medical condition in q9 to be included. Excluded from calculations are clients who indicate that they received the needed medical care, but also select a reason for not receiving treatment; 4 individuals were excluded.
Figure C5. Mental Health Diagnoses	Q11	For each mental health condition, the frequency of diagnosis. Of those who are diagnosed, we present the number who did not need treatment, needed & received treatment, and needed & did not receive treatment.
Figure C6. Reasons Didn't Receive Mental Health Care	Q12	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are clients who indicate that they

Table B2. Report Visual and Variable Descriptions

Report Figure/Table	Data Source	Variable Construction/Analytic Strategy Notes
		received the needed care, but also select a reason for not receiving treatment; 2 individuals were excluded.
Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks	Q7	Percentage of clients who select 'Yes' to each problem.
Figure C8. Self-Reported Substance Use in the Past 12 Months	Q6	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report individuals who reported using at least one of the listed substances as well none of the listed substances; 12 individuals were excluded.
Health Seeking Behavior		
Figure C9. HIV- Related Medical Care Visits in Past 12 Months	Q3	Percentage (categorical) of clients who select each response option. Excluded from calculations and not presented in the figure are individuals who indicate that they do not have a primary HIV care provider; 50 individuals were excluded.
Figure C10. Places Where Respondent Regularly Receives Medical Care, including HIV-related Care	Q4	Percentage (categorical) of clients who select each response option. Excluded from calculations and not presented in the figure are individuals who indicate that they don't typically receive HIV-related medical care; 60 individuals were excluded.
Figure C11. Barriers to Receiving Needed Medical Care	Q5	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who report not having gone without any needed medical care as well as at least one reason; 12 individuals were excluded.
Figure C12. Interest in Psychosocial Support	Q8	Percentage (categorical) of clients who select each of the response options. Excluded from calculations are individuals who select <i>I would not use any of these programs</i> and then at least one program; 20 individuals were excluded.
HIV Medication and Medical Adherence		
Figure C13. Reasons for Not Taking HIV Medications in the Past 12 Months	Q16	Percentage (categorical) of clients who select each of the response options.
Figure C14. Number of Days Missed in Last Three Days	Q17	Percentage (categorical) of clients who select each response option.
Section D: Need and Use of Services		
Figure D1. Need and Receipt of Core Medical Services	Q20	For each core medical service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.
Figure D2. Need and Receipt of Core Support Services	Q20	For each core support service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.
Figure D3. Need and Receipt of Core Housing Services	Q20	For each core housing service, we present the percentage of clients who did not need the service, needed & received the service, and needed & did not receive the service.

APPENDIX C. SURVEY INSTRUMENT



2019 Louisiana Needs Assessment

Please **STOP** if you have already taken this survey.
Each individual is only allowed to take this survey **ONE TIME**.

What is this survey for?

The survey asks people living with HIV (PLWH) in Louisiana what services are needed in order to maximize access to healthcare, what services are already available, and what healthcare challenges currently exist. The information that is gathered from these surveys will help improve access to healthcare services for PLWH for the next two years. Data are being collected from November 5 – December 20, 2019.

Why should you complete this survey?

Completing this survey gives YOU a voice and helps us understand your health care needs and what HIV services are the most important. We won't know the services you need most unless YOU tell us. Your input *does* matter.

How long will this survey take?

This survey takes 20-35 minutes to complete. Please take as long as you need to answer **each** question. If there is a question you do not understand, please ask for help from the person who gave you the survey.

Do I have to complete this survey in order to receive HIV services?

No. Please understand the completion of this survey is strictly voluntary. If you do not want to complete the survey, it will not affect the services you receive. You may stop the survey at any time or skip any questions that you do not want to answer.

Will this information be used to identify me as an individual?

No. All information collected through this survey is completely confidential and anonymous; personally identifying information will NOT be collected on this survey. **Please DO NOT put your name or any identifying information (like an address or phone number) on this survey.** The information on this survey is collected for planning purposes only.

Will I be compensated for completing this survey?

Yes. As a 'thank you' for completing this survey, you will receive a \$20 gift card to Wal-Mart.

2019 Louisiana Needs Assessment

Definitions

Health Coverage Plans:

By health coverage plans, we are talking about health insurance or other health plans that help cover your medical costs. Some common types of health coverage are listed and explained below.

- * **Medicaid:** government plan for people with low incomes or a disability, including plans through Healthy Louisiana
- * **Medicare:** government plan for people 65 and older or with certain disabilities
- * **Private insurance/health coverage plan:** plan such as Blue Cross Blue Shield or Cigna that is obtained through work, a parent or spouse, or directly from an insurance company or the Marketplace (Obamacare)
- * **Veteran's Administration (VA) health care:** health care benefits for certain individuals who served in the military
- * **TRICARE:** health care program for uniformed service members, retirees, and their families
- * **COBRA:** continuation of insurance paid through your employer if you reduce hours or leave your job
- * **LA HAP:** Louisiana statewide health access program for people living with HIV. LA HAP is divided into 2 components: the Louisiana Drug Assistance Program (L-DAP) and the Health Insurance Program (HIP)
 - * **Louisiana Drug Assistance Program (L-DAP):** covers drug costs for uninsured individuals and drug copays and deductibles for insured individuals
 - * **Health Insurance Program (HIP):** covers health insurance premiums, copays, and deductibles for insured people. Dental and vision plans may also be included
- * **Ryan White Part A:** system of HIV primary medical care, support services, and medications for people with low incomes living with HIV who are uninsured and underserved

Health Coverage Terms:

- * **Health insurance premium:** a monthly, quarterly, or semiannual fee paid to an insurance company/health plan so you have health coverage. This does not include costs (e.g., copay) that you pay when you receive medical services.
- * **Copayment:** the fee you owe the doctor, lab, or service provider before you receive a service
- * **In network doctors and providers:** those who have a contract with your insurance company or health plan – you get the best insurance or health plan coverage with these providers
- * **Out-of-pocket medical expenses:** any costs or bills you are responsible for paying above and beyond what your insurance or health plan may cover. This includes copayments, coinsurance, and deductibles.
- * **HIV-related health coverage:** health insurance or a health plan that helps to cover the cost of your HIV-related health care, such as labs, doctors' visits, and prescriptions. This can be the same insurance or health plan you use for your other health needs.

HEALTH AND MEDICAL CARE

In the section below, we ask about your health, medical care, and treatment history. Your honest answers are important; they help us to understand what kind of healthcare services you and others like you might need.

1. In general, how would you describe your overall health today? *Select one answer.*

Very poor	Poor	Average	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you need any of the following services in the PAST 12 MONTHS? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Outpatient care: local clinic, doctor visit, urgent care, annual check-up, vaccines, etc.
<input type="checkbox"/> Prescription drugs
<input type="checkbox"/> Mental health services
<input type="checkbox"/> Maternity and newborn care
<input type="checkbox"/> Transgender-related services | <input type="checkbox"/> Medical services for my child
<input type="checkbox"/> Emergency room visits
<input type="checkbox"/> Substance use/Medication-Assisted Treatment
<input type="checkbox"/> Hospital stay/surgeries/in-patient admission
<input type="checkbox"/> I didn't need any of these services |
|--|---|

3. How many times have you seen an HIV healthcare provider in their office or clinic in the PAST 12 MONTHS? *Select one answer.*

<i>N/A: no primary HIV care provider</i>	None	One	Two	Three or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Where do you typically receive your medical care, including HIV-related medical care? *Select one answer.*

- | | |
|--|---|
| <input type="checkbox"/> <i>Not applicable, I don't typically receive HIV-related medical care</i>
<input type="checkbox"/> Community clinic serving only clients with HIV
<input type="checkbox"/> Private doctor's office/clinic | <input type="checkbox"/> Community health center
<input type="checkbox"/> Hospital
<input type="checkbox"/> VA hospital/clinic
<input type="checkbox"/> Other (tell us: _____) |
|--|---|

5. The most recent time you had any type of medical problem, but did not get the care you needed, what were the main reasons? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> <i>Not applicable, I haven't had to go without any needed medical care</i>
<input type="checkbox"/> I didn't know where to go
<input type="checkbox"/> I couldn't get an appointment
<input type="checkbox"/> I couldn't get transportation
<input type="checkbox"/> I couldn't get childcare
<input type="checkbox"/> I didn't have stable housing
<input type="checkbox"/> I couldn't afford it | <input type="checkbox"/> I had other things on my mind/other priorities
<input type="checkbox"/> I didn't want anyone to know I was living with HIV
<input type="checkbox"/> I didn't feel sick
<input type="checkbox"/> I had a language or cultural barrier
<input type="checkbox"/> I have a mobility issue
<input type="checkbox"/> Vision or hearing impairment
<input type="checkbox"/> Other (tell us: _____) |
|--|--|

6. Which of the following substances have you used during the PAST 12 MONTHS? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Tobacco or nicotine (cigarettes or e-cigs)
<input type="checkbox"/> Alcohol
<input type="checkbox"/> Heroin
<input type="checkbox"/> Prescription pain medications (not prescribed to you) | <input type="checkbox"/> Other (tell us: _____)
<input type="checkbox"/> I haven't used any of these in the past 12 months |
|--|---|

7. Over the last 2 WEEKS, have you experienced either of the following problems?

<u>Little interest or pleasure in doing things</u>	<u>Feeling down, depressed, or hopeless</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

8. Which of these programs would you use if they were available to you? *Select all that apply.*

<input type="checkbox"/> Support groups	<input type="checkbox"/> Peer-led support programs
<input type="checkbox"/> Counseling	<input type="checkbox"/> Employment/employment readiness programs
<input type="checkbox"/> Social activities	<input type="checkbox"/> I would not use any of these programs

9. Please tell us your 12-month treatment history (whether you needed and received treatment) with each of the medical conditions you have.

First, select the box if you have ever been diagnosed with the listed condition

Next, select one box to indicate your past 12-month treatment history for each condition you have

Medical conditions:	Diagnosed with:	IN THE LAST 12 MONTHS:	
		Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyme disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you did not get treatment for at least one condition (in Q9), what were the main reasons? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Not applicable, I did receive the needed medical care | <input type="checkbox"/> The office wasn't open when I could get there |
| <input type="checkbox"/> I was worried about the cost/I couldn't afford it | <input type="checkbox"/> I couldn't get an appointment quickly enough |
| <input type="checkbox"/> My insurance didn't cover the care | <input type="checkbox"/> I thought I could handle it without treatment |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I didn't think getting treatment would help |
| <input type="checkbox"/> I didn't have transportation | <input type="checkbox"/> I was worried about what people would think |
| <input type="checkbox"/> The clinic is too far away | <input type="checkbox"/> I had a language or cultural barrier |
| <input type="checkbox"/> I didn't have childcare | <input type="checkbox"/> Clinic wait times were too long |
| | <input type="checkbox"/> Other (tell us: _____) |

11. Please tell us your 12-month treatment history (whether you needed and received treatment) with each of the mental health conditions you have.

		IN THE LAST 12 MONTHS:	
Mental health conditions:	Diagnosed with:	Needed treatment & received it	Needed treatment & <u>did NOT</u> receive it
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or Panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (tell us):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you did not get treatment for at least one condition (in Q11), what were the main reasons? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Not applicable, I did receive the needed medical care | <input type="checkbox"/> The office wasn't open when I could get there |
| <input type="checkbox"/> I was worried about the cost/I couldn't afford it | <input type="checkbox"/> I couldn't get an appointment quickly enough |
| <input type="checkbox"/> My insurance didn't cover the care | <input type="checkbox"/> I thought I could handle it without treatment |
| <input type="checkbox"/> I didn't know where to go | <input type="checkbox"/> I didn't think getting treatment would help |
| <input type="checkbox"/> I didn't have transportation | <input type="checkbox"/> I was worried about what people would think |
| <input type="checkbox"/> The clinic is too far away | <input type="checkbox"/> I had a language or cultural barrier |
| <input type="checkbox"/> I didn't have childcare | <input type="checkbox"/> Clinic wait times were too long |
| | <input type="checkbox"/> Other (tell us: _____) |

MEDICAL COSTS AND HEALTH INSURANCE

In the section below, we ask about your medical costs, how you pay for them, and your health coverage. Please answer to the best of your ability. If you are unsure what we mean by any terms in this section, please see the *Needs Assessment Definitions* on page one.

- 13.** To the best of your knowledge, do you currently have any type of health coverage? *If you are unsure what we mean by health coverage, please see the first section of the Needs Assessment Definitions on page one.*

- ☐ I don't know → Skip to Question 14
☐ No → Skip to Question 14
☐ Yes

- 13a.** Which of the following types of health coverage do you currently have? *Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Administration (VA) health care |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> COBRA |
| <input type="checkbox"/> A private plan through work/employer | <input type="checkbox"/> TRICARE or other military health care |
| <input type="checkbox"/> A private plan through parent or spouse | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> A private plan through the Marketplace | <input type="checkbox"/> I have coverage but don't know what type |

- 13b.** Which of the following does your health coverage plan at least in part pay for? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> HIV-related medical care, such as lab work and doctors' visits | <input type="checkbox"/> Vision services, such as vision checks and eyeglasses |
| <input type="checkbox"/> Preventive health services, such as yearly check-ups and screenings | <input type="checkbox"/> Dental services, such as cleanings, x-rays, and fillings |
| <input type="checkbox"/> Mental health services, such as counseling or therapy for anxiety or depression | <input type="checkbox"/> I have coverage but don't know what it covers |
| <input type="checkbox"/> HIV-related prescriptions/medications | |

- 13c.** How does your monthly, quarterly, or semiannual health insurance premium(s) get paid? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Louisiana Health Access Program (LA HAP) | <input type="checkbox"/> I pay out of my own pocket |
| <input type="checkbox"/> Ryan White Part A Health Insurance Assistance (HLA) | <input type="checkbox"/> By Medicaid |
| <input type="checkbox"/> Employer benefits | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Friends/family help me | <input type="checkbox"/> I don't know |

- 13d.** Which of the following problems have you had with your health coverage in the PAST 12 MONTHS? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Paying bills for HIV-related care (e.g., labs or doctors' visits) that weren't fully covered | <input type="checkbox"/> Getting HIV-related prescriptions filled |
| <input type="checkbox"/> Paying bills for ER visits or hospitalizations that weren't fully covered | <input type="checkbox"/> Paying for HIV-related medications |
| <input type="checkbox"/> Paying bills for dental work or vision services that weren't fully covered | <input type="checkbox"/> Accessing doctors who are in network |
| <input type="checkbox"/> Paying premiums | <input type="checkbox"/> Making appointments with specialists, such as an HIV specialist, gynecologist, or neurologist |
| <input type="checkbox"/> Paying copayments | <input type="checkbox"/> Other (tell us: _____) |
| | <input type="checkbox"/> None of these. I haven't had any problems with my insurance or health care plan(s). |

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14. Even if you currently have insurance, please select the reasons you didn't have **HIV-related** health coverage during the **PAST 12 MONTHS**. *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Not applicable: I've had consistent HIV-related health coverage for the past 12 months | <input type="checkbox"/> I didn't/don't know how or where to get it |
| <input type="checkbox"/> I don't/didn't get health coverage through work or spouse | <input type="checkbox"/> It's confusing and I didn't/don't understand how it works |
| <input type="checkbox"/> I couldn't/can't get private coverage (from insurance company or the Marketplace) | <input type="checkbox"/> I lost my plan because the premium was not paid on time |
| <input type="checkbox"/> It was/is too expensive | <input type="checkbox"/> It wasn't/isn't a priority for me |
| <input type="checkbox"/> I was told I didn't/don't qualify for Medicaid or Medicare | <input type="checkbox"/> I lost my Medicaid coverage |
| | <input type="checkbox"/> Other (tell us: _____) |

15. Which of the following do you use to pay for your HIV-related medication(s)? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Not applicable: I haven't been prescribed any medications | <input type="checkbox"/> Louisiana Health Access Program (LA HAP) |
| <input type="checkbox"/> Medicaid (including Healthy Louisiana) | <input type="checkbox"/> Ryan White Part A (e.g., LPAP, EFA, HIA) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Out-of-pocket |
| <input type="checkbox"/> Private insurance/health coverage plan | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other (tell us: _____) |

HIV MEDICATION

In the section below, we ask about prescribed medications and dosage. The information that you provide is very valuable; if you are not certain, please provide your best guess.

16. Have you had any reasons for not taking your HIV medications in the **PAST 12 MONTHS**? If so, what are they? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Not applicable: I haven't been prescribed any HIV medications | <input type="checkbox"/> I'm taking a break |
| <input type="checkbox"/> Pharmacy didn't fill my prescription | <input type="checkbox"/> They have bad side effects/make me feel really bad |
| <input type="checkbox"/> I can't afford them | <input type="checkbox"/> I feel healthy |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> I have trouble remembering to take them |
| <input type="checkbox"/> Delivery issues | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Hours the pharmacy is open | <input type="checkbox"/> None of these. I have taken my HIV medications as prescribed for the past 12 months. |
| <input type="checkbox"/> No regular place to stay | |
| <input type="checkbox"/> Not having food | |

17. In the **PAST THREE DAYS**, how many days did you **not take** your full HIV-medication regimen? *Select one answer.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A: I haven't been prescribed any HIV medications | I've missed days, but I'm not sure how many | None | 1 day | 2 days | 3 days |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. About what **percentage** of your HIV-medication doses do you think you have **missed** in the **PAST THREE DAYS**? *Please provide your best guess. Select one answer.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A: I haven't been prescribed any HIV medications | 0-25% | 26-50% | 51-75% | 76-100% |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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19. What is your current viral load? *Select one answer.*

- ☐ Undetectable (less than 200 copies/mL)
 ☐ I haven't gotten my labs yet
☐ 201-10,000 copies/mL
 ☐ I don't know
☐ More than 10,000 copies/mL

NEEDED SERVICES

In the section below, we ask about services you may have needed over the last 12 months and whether or not you received these services. The information that you provide is very important and will help us understand the experiences of people in your community. Please answer to the best of your ability.

20. Please tell us about your Core Medical Services, Support Services, and Housing Services needs over the LAST 12 MONTHS. *Select only one answer per service.*

CORE MEDICAL SERVICES:	IN THE LAST 12 MONTHS:		
	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical nutrition therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Outpatient) Substance use counseling or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye care (vision services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	IN THE LAST 12 MONTHS:		
SUPPORTIVE SERVICES:	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Emergency financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-delivered meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education/risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for health care/supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment adherence counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low vision/hearing-impaired services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	IN THE LAST 12 MONTHS:		
HOUSING SERVICES:	DID NOT NEED	NEEDED & RECEIVED	NEEDED BUT DID NOT RECEIVE
Someone to help you find safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent, independent housing (your own apartment or house)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary, short-term housing (shelter, hotel/motel, or other very temporary housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency housing services (money for utilities, rent, or mortgage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility-based housing/group home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home or assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING

In the section below, we ask about your current and past housing situations, rent and mortgage payments, and utility bills. Please answer honestly; your responses help us better understand your experiences and the experiences of others like you.

- 21.** How many people in each category live in your household, including yourself? *Write each number in the corresponding box.*

	Number of people:
How many <u>adults</u> (18 years or older) live in your household?	
Of the <u>adults</u> living in your household, how many are living with HIV?	
Of the <u>adults</u> living in your household, how many <u>don't know</u> their HIV status?	
How many <u>children</u> (under age 18) live in your household?	
Of the <u>children</u> living in your household, how many are living with HIV?	
Of the <u>children</u> living in your household, how many <u>don't know</u> their HIV status?	

- 22.** Where do you live **NOW**? *Select one answer. If you live in more than one place, select the housing type where you live most often.*

- | | |
|--|--|
| <input type="checkbox"/> Apartment/House/Trailer that I OWN | <input type="checkbox"/> In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other) |
| <input type="checkbox"/> Apartment/House/Trailer that I RENT | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> With family, friends, or someone else's place (e.g., couch-surfing) | <input type="checkbox"/> Homeless/Homeless Shelter/Domestic Violence Shelter |

- 23.** Where did you live 6 MONTHS ago? *Select one answer. If you lived in more than one place, select the housing type where you lived most often.*

- | | |
|--|--|
| <input type="checkbox"/> Apartment/House/Trailer that I OWN | <input type="checkbox"/> In a facility (boarding house, assisted living, half-way house, transitional housing, treatment facility, hospice, nursing home, other) |
| <input type="checkbox"/> Apartment/House/Trailer that I RENT | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> With family, friends, or someone else's place (e.g., couch-surfing) | <input type="checkbox"/> Homeless/Homeless Shelter/Domestic Violence Shelter |

- 24.** How many places have you lived in the **PAST 12 MONTHS**? (best guess is fine)

- 25.** How long have you lived in your current residence? *Select one answer.*

N/A: I'm homeless

☐

Less than 6 months

☐

6 months – 1 year

☐

More than a year

☐

26. If you currently live in an apartment, house, or trailer, how many bedrooms do you have? *Select one answer.*

N/A: I don't live in an apartment, house, or trailer

Single room/Studio

1 bedroom

2 bedrooms

3 bedrooms

4 bedrooms

5+ bedrooms

☐
☐
☐
☐
☐
☐
☐

27. In the PAST 12 MONTHS, did you have any trouble getting housing?

☐ No → Skip to Question 28

☐ Yes

27a. If you had trouble getting housing in the past 12 months, what kept you from getting or remaining in housing? *Select all that apply.*

☐ I didn't have any problems

☐ I didn't have enough money for the deposit

☐ I could not find affordable housing

☐ I had no transportation to search for housing

☐ I had bad credit

☐ I was put on a waiting list

☐ I had a mental/physical disability

☐ I had a criminal record

☐ I didn't qualify for housing assistance

☐ I feel I was discriminated against (racism)

☐ I feel I was discriminated against (homophobia/transphobia)

☐ I had substance use issues

☐ Gentrification

☐ Other (tell us: _____)

28. In the PAST 12 MONTHS, how many nights have you **NOT** had a place to sleep?

Please specify number of nights (best guess is fine):

29. How much do you and/or your household pay "out of pocket" in rent/mortgage each month?

Please specify out-of-pocket amount (best guess is fine): \$

30. Does this "out of pocket" rent/mortgage amount include any of the following utilities? *Select all that apply.*

☐ Water

☐ Garbage

☐ Electric

☐ Gas

☐ No, none of these

31. How much of an increase PER MONTH in rent or mortgage would cause you to have to find a new place to live? *Select one answer.*

☐ Not applicable, I'm homeless/ don't have to pay monthly rent/ mortgage

☐ \$1-\$25

☐ \$26-\$50

☐ \$51-\$75

☐ \$76-\$100

☐ \$101-\$150

☐ \$151-\$200

☐ More than \$200

☐ None

32. In the PAST THREE YEARS, have you moved because you could no longer afford the home you were living in?

- ☐ Yes
☐ No

33. Have you had difficulty in paying rent, mortgage, or utility bills in the PAST 12 MONTHS?

- ☐ Yes
☐ No

GENERAL INFORMATION

In the section below, we'd like to get some general information about you. This information is used only for reporting to describe the types of individuals completing this questionnaire; your answers to this questionnaire will be completely anonymous. Please be honest in your responses.

34. Where do you get information about HIV? *Select all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Doctor or nurse | <input type="checkbox"/> Partner/significant other/spouse |
| <input type="checkbox"/> ER or hospital | <input type="checkbox"/> TV/internet/radio |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Billboard or poster |
| <input type="checkbox"/> Health educator or outreach | <input type="checkbox"/> Faith-based group |
| <input type="checkbox"/> Peer navigator/peer advocate | <input type="checkbox"/> Mobile app |
| <input type="checkbox"/> HIV group or program | <input type="checkbox"/> Social media (e.g., Twitter, Facebook) |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other (tell us: _____) |
| <input type="checkbox"/> Friends or family | |

35. Has anyone explained the following things to you in the last year? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Undetectable = Untransmittable (U = U) | <input type="checkbox"/> Legal issues of HIV, criminalization |
| <input type="checkbox"/> Where to get free condoms | <input type="checkbox"/> How to protect HIV-negative partners with PrEP |
| <input type="checkbox"/> The importance of going to all of your doctor visits | <input type="checkbox"/> The importance of taking your medication |
| <input type="checkbox"/> How to disclose status | <input type="checkbox"/> No, no one has explained any of these things to me in the last year |

36. Please answer true or false to the following statement:

If a person is Virally Suppressed (VL<200), they cannot transmit HIV sexually.

- ☐ True ☐ False

37. How many years have you been living with HIV?

Please specify number of years (best guess is fine):

38. Where did you receive your HIV diagnosis? *Select one answer.*

<input type="checkbox"/> Hospital/ER	<input type="checkbox"/> Organization providing other services (e.g., substance use treatment)
<input type="checkbox"/> While donating blood or plasma	<input type="checkbox"/> Jail or prison
<input type="checkbox"/> HIV-specific community-based organization	<input type="checkbox"/> Mobile testing unit
<input type="checkbox"/> Local health center or STD clinic	<input type="checkbox"/> Other (tell us: _____)
<input type="checkbox"/> Private doctor's office	

39. What is your zip code?

40. What is your gender? *Select one answer.*

<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Female	<input type="checkbox"/> Something else (tell us: _____)

41. Do you identify as Transgender?

☐ Yes

☐ No

42. How old are you? *Select one answer.*

<18 years	18-24 years	25-44 years	45-64 years	65+ years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How do you describe your race? *Select all that apply.*

<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native American
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Other (tell us: _____)
<input type="checkbox"/> Asian or Pacific Islander	

44. Do you consider yourself to be Latino, Latina, Latinx or Hispanic?

☐ Yes

☐ No

45. What is your primary language? *Select one answer.*

☐ English

☐ Spanish

☐ Other (tell us: _____)

46. Please indicate how strongly you agree or disagree with the following statement:
I would feel comfortable using a tablet or computer to take this survey.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Would you prefer to take this questionnaire:

- ☐ On paper at the clinic
- ☐ On a tablet or computer provided to me at the clinic
- ☐ Other (tell us: _____)

INCOME

In the section below, we ask about your employment status and income. Please answer to the best of your ability.

48. What is your employment status? *Select all that apply.*

- ☐ Full-time (30 hours/week or more)
- ☐ Part-time (29 hours/week or less)
- ☐ Temporary or contract work
- ☐ "Odd jobs"/work for cash/self-employed
- ☐ Retired
- ☐ Unemployed
- ☐ Disabled
- ☐ Student
- ☐ Other (tell us: _____)

49. What was your total household income LAST MONTH including money from those who live with you?

\$

☐ No income

50. Which of these did you receive in LAST SIX MONTHS? *Select all that apply.*

Wages

- ☐ Wages (salary or hourly)
- ☐ Seasonal Work
- ☐ Stipend

Financial Assistance

- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Income)
- ☐ TANF (Temporary Assistance to Needy Families)
- ☐ Child support/alimony
- ☐ Unemployment payments/benefits
- ☐ SNAP (Supplemental Nutrition Assistance Program)

Housing Assistance

- ☐ Section 8/Housing Choice Assistance Program Voucher
- ☐ Veteran's Housing
- ☐ Tenant Based Rental Assistance (TBRA)/HOPWA assistance
- ☐ Short Term rent mortgage utility assistance (STRMU)/HOPWA assistance
- ☐ Project-based assistance/HOPWA assistance
- ☐ FEMA
- ☐ LIHEAP
- ☐ Ryan White Part A

☐ I didn't receive any wages, financial assistance, or housing assistance in the last six months



THE END!

Please tell us any final comments here or on the back of the page. Thank you for completing this survey!